



THE UNIVERSITY OF QUEENSLAND  
A U S T R A L I A

**Getting in the health role of Queensland Primary PE Specialists**

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Bachelor of Applied Science (Human Movement Studies, Education) (Honours)

Diploma in Physical Education and Sports Science

*A thesis submitted for the degree of Master of Philosophy at*

*The University of Queensland in 2015*

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## **Abstract**

In recognition that children are the key to securing a prosperous future for Australia, the health and wellbeing of Australia's children has been placed at the centre of health related policy-making. Schools are identified by the health sector as ideal sites to promote health and wellbeing to children and thus some of the responsibility of children's health and wellbeing has been assumed by schools in addition to the obligations of the health and physical education (HPE) curriculum. Notwithstanding the importance that government and society have afforded schooling as a primary mechanism through which Australians can enhance and maintain positive health and wellbeing, there is little research exploring the extent to which primary physical education (PE) specialists in Queensland currently undertake health work both overt and hidden.

This ethnographic research adopted a grounded theory approach in exploring the phenomenon that was prominent in the work of PE specialists. It encompasses a detailed qualitative analysis of the health work that PE specialists assume, providing accountability on the implicit and explicit health area given their role as PE specialists. Furthermore, it reveals the implicit health education (HE) work executed within the health work done in schools. Three PE specialists from schools of varying socioeconomic status in metropolitan Queensland participated in this study. Each school and teacher was visited continuously for three weeks, which culminated in a lengthy semi-structured interview.

The data analysis reveals that the work done by the specialists, in order of work responsibility requirements. The work can be categorised according to four key themes: curriculum work, policy work, curriculum related work and health related caring teaching the former two being, mandatory whilst the latter two are informal and are executed to enhance the delivery of mandatory work. Informal curriculum related work and health related caring teaching are of paramount importance to the specialists' work and inevitably demand a large percentage of their time despite being beyond the official job description of a PE specialist.

This thesis aims to provide an insight into the informal curriculum related work and health related caring teaching the teachers perform on a day-to-day basis. Noddings ethics of care will be utilised to analyse the health work and HE work undertaken by the PE specialists. It provides PE specialists with an understanding about their role as health workers and to gain recognition within the school sector regarding this role they have undertaken to reduce the burden schools are placed in the area

of health work. Furthermore, there could be an increased status of PE specialists as HPE teachers undertaking this aspect of health work.

## **Declaration by author**

This thesis is composed of my original work, and contains no material previously published or written by another person except where due reference has been made in the text. I have clearly stated the contribution by others to jointly-authored works that I have included in my thesis.

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## **Publications during candidature**

No publications.

## **Publications included in this thesis**

No publications included.

## **Contributions by others to the thesis**

No contributions by others.

## **Statement of parts of the thesis submitted to qualify for the award of another degree**

None.

## Acknowledgements

First of all, I would like to acknowledge both my advisors, Dr Louise McCuaig and Associate Professor Tony Rossi for undertaking this journey with me. Your patience and belief in me is what kept me going especially when the journey seemed impossible to complete. I thank you for the opportunities, time and effort you have afforded to me. Louise, thanks for the tremendous effort and imparting of knowledge, you have invested to expand my capacity to fully comprehend the true meaning of research. Tony, you are a true educator and father-like figure who is interested not only in my research journey but also most importantly, my life and future.

My participants, Eve, Chris and Maria, I would not have a thesis without you! Thank you for permitting me to ‘stalk’ you for three weeks! Additionally, I would like to thank my panel members, Professors Richard Tinning and Doune Macdonald for your valuable advice. Professor Nel Noddings, thank you for your email correspondences and assistance you have rendered to me.

The next person I would like to thank is my mum. You have been very supportive through my journey, encouraging me and allowing me to undertake this journey knowing that everything back home will be fine. Mum, you are very much appreciated and I love you!

I would like to thank Evelyn, my best friend who has provided me with heaps of love and emotional support. Your regular visits and eventual joining me in my journey as you pursue yours has been the best days of my life. The daily meals you prepare allowed me to focus on my research and the sparring of academic ideas has indeed expedited my learning curve.

Many thanks especially to Jason, Jenny, Darren and Eileen for their kind weekend dinner parties as well as encouragements for me to persist in this research journey. The encompassing discussions we have had over dinner have expanded my understanding in many aspects. Additionally, I would like to thank my friends who have been with me through this research journey! Helen, Kate, Tania, Adeline, Viola, Bec, Molly, Megan and Rohayati, all of you have been fantastic, constantly offering me a listening ear and spurring me on. My journey would not have been possible without any of you!

Last but not least, thank you God for all that you have given unto me!

## **Keywords**

Health work, health education, physical education, ethics of care, pe specialist, teaching.

## **Australian and New Zealand Standard Research Classifications (ANZSRC)**

130210 80%, 130209 20%

## **Fields of Research (FoR) Classification**

FoR code: 1106 Human Movement and Sports Science, 50%

FoR code: 1303, Specialist Studies in Education, 30%

FoR code: 1117, Public Health and Health Sciences, 20%

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## List of Abbreviations used in the thesis

HPE: Health and Physical Education

PE: Physical Education

HE: Health Education

ACARA: Australian Curriculum Assessment and Reporting Authority

QGDET: Queensland Government Department of Education and Training

MOES: Ministry of Education Singapore

QSCC: Queensland School Curriculum Council

NAPFA: National Physical Fitness Award

TAF: Trim and Fit

CCA: Co-curricular activities

WHO: World Health Organization

AIHW: Australian Institute of Health and Welfare

GDP: Gross Domestic Product

OECD: Organisation for Economic Co-operation and Development

HPS: Health Promoting School



ACHPER: Australian Council for Health, Physical Education and Recreation

SES: Socio Economic Status

EQ: Education Queensland

# **Chapter 1: Introduction**

## **Health work as the work of teachers**

According to Mohammadi, Rowling, and Nutbeam (2010) and Tinning (1996), schools have been identified by the health sector as ideal sites for health initiatives within Australia. Historically, schools and teachers have been given the responsibility of health in schools through the introduction of health education (HE) in the Health and Physical Education (HPE) curriculum, which has resulted in health occupying a mandated component of the core school curriculum set in the mid 1970s (Kirk, Macdonald, & Tinning, 1997). Furthermore, there are other responsibilities mandated through policies and programs for primary schools and teachers in the area of health (Queensland Government Department of Education and Training [QGDET], 2004). This has resulted in ongoing debates over the past twenty years between the health and schooling sectors, whereby schools have been accused of placing health as a low priority, having inadequately trained teachers of health, a lack of resources allocated to health and gaps between policy and practice in schools (Basch, 2010; Mohammadi et al., 2010; Ridge et al., 2002). Notwithstanding the importance that government and society have afforded schooling as a primary mechanism through which Australians can enhance and maintain positive health and wellbeing, there is little research exploring the ‘health work’ that schools and particularly teachers currently undertake. As a consequence, I argue the need to comprehend what encompasses health work in school settings and is assumed by teachers.

## **The Idea of Health work: The cases of Singapore and Australia**

The following section is motivated by McCuaig (2007) in utilising a reflexivity lens to document my interest and understanding into the research of health work. The two main purposes of this section are to: 1) provide readers with an understanding of what motivated me to undertake research in Queensland, Australia; and 2) provide an insight into my professional background in a way it could influence my analytic lens.

I have been fortunate to have the opportunity to undertake my undergraduate studies in Queensland Australia, which was my initial interaction with the HPE curriculum here. I was acquainted with the

idea of health situated within physical education (PE), through experiencing a lesson on how to teach HE in one of the modules during my undergraduate studies at The University of Queensland. However, it did not concern me much as teaching PE in Singapore did not require the teaching of HE. Nonetheless, this began to change as in recent years when my school principal began pairing PE and HE together, suggesting an expectation that PE teachers will undertake a greater responsibility in the area of health. Here I was as one of those PE teachers allocated this responsibility in the area of HE and informed that health is closely related to PE and hence, HE formed part of PE within my school. As a PE trained teacher, my timetable, as stipulated by the Ministry of Education Singapore (MOES), was required to consist of a mandated minimum of 60% of PE periods, but due to the grouping of HE with PE as decided by the school, my timetabled 60% included HE periods, which I did not consider justifiable (Primary Education Review and Implementation Committee, 2009).

I remained unconvinced with this arrangement and began reflecting upon the Australian experience. I recalled that this was exactly how it was in Australia where I undertook my undergraduate studies. During my studies in Queensland Australia, I realised that Queensland's PE trained teachers were labelled as HPE teachers in the high schools and had to undertake HE within their PE teaching. **Nonetheless, primary PE trained teachers were more widely known as primary PE specialists and did not officially have to undertake this area of health and I wondered to what extent the primary PE specialists were undertaking health work within their role.** This led me into wanting to understand more about how this arrangement was like and perhaps be able to justify the disassociation of the inclusion of HE into PE.

In Singapore, education is a largely centralised system, with mandated curricula including a minimum amount of time spent per subject stipulated. (Freebody, Gopinathan, Shun, & Luke, 2005; Organisation for Economic Co-operation and Development [OECD], 2011; Rossi, Fry, McNeill, & Tan, 2007). Conversely, Australia's education system is largely decentralised and dependent on school-based management. As a primary PE teacher in Singapore, I have attempted to use my experience of the health work conducted by teachers in Singapore to infer and draw reference to that of Australia. Making comparisons between both countries has enabled me to have a better conceptualisation of the interpretations of the health work conducted by schools and their teachers. The health work conducted by teachers in both countries appears similar, which I will endeavour to demonstrate through undertaking a comparison, in the following paragraphs.

In Singaporean primary schools, there are three major categories of teachers, namely primary PE teachers, primary generalists teachers and mother tongue teachers (Ministry of Education Singapore [MOES], 2012c, 2012d). The primary PE teachers teach PE and an additional subject, either English language or mathematics (McNeil & Fry, 2010), and the primary generalists teachers teach English language, mathematics and science whilst the mother tongue teachers teach only mother tongue subjects, specifically Chinese language, Malay language or Tamil language (MOES, 2012d). In a primary school in Singapore, other than English language, mathematics, science, mother tongue and higher mother tongue, which are considered core subjects, all other subjects such as social studies, PE, HE, art and music are considered non-core subjects. Any primary school teacher can be deployed to teach the non-core subjects, which is determined by the timetabling team in consultation with the school leaders, the principal and vice principal. Deployment is first of all dependent on school needs, followed by teachers' expertise and lastly, teachers' preference. The responsibility for the students' health is shared amongst many teachers who teach various subjects. This occurs through the embedding of health concerns across the curriculum, within the pupil development department and enclosed in the day-to-day life of the school, with greater details to be discussed below. As such, all teachers are required to take responsibility for their students' health. This is similar to Queensland, Australia where in general, two dominant groups of teachers are responsible for the delivery of HPE curriculum, the primary generalist teachers and the primary PE specialists (QGDET, 2012). The primary generalist teachers have a lot of policy responsibility for students' health and responsibility for the delivery of the health and personal development strands of the curriculum whilst the primary PE specialists have responsibility for the delivery of the 'physical activity' strand (Queensland School Curriculum Council [QSCC], 1999).

I will explain the PE and health system in Singaporean primary schools and its operations in detail. In regards to HE, it is a stand-alone subject and being a non-core subject, any primary school teacher can be deployed to teach the subject depending on school needs and the number of periods the teachers have in their timetable. HE classes are generally allocated to fill the teachers' timetable. The HE syllabus covers the 'physical health', 'environment and your health' and 'emotional and psychological health' (MOES, 2006, p. 3). According to the Singapore Ministry of Education PE syllabus (2005), as its title suggests, the physical health aspect is taught in addition to addressing values such as teamwork, respect, excellence and friendship which are typically to be introduced during game play. This is what is expected from the Singaporean PE teachers' contribution to their students' health. However, in recognition of the curriculum reform Singapore is currently experiencing, it has become a participant of the global move towards integrating health into the remit of HPE (Pühse et al., 2011). Certain elements of HE such as nutrition, safety and hygiene

have been included within the newly labelled HPE curriculum, which is currently undergoing transition (MOES, 2013).

The responsibilities of the Singaporean PE teachers appear similar to the primary PE specialists in Queensland. Within the Education Queensland (EQ) HPE syllabus, the key learning area comprises of three integrated strands of, 'promoting the health of individuals and communities', 'developing concepts and skills for physical activity' and 'enhancing personal development' (QSCC, 1999, p. 1). The primary PE specialists accounts for the 'developing concepts and skills for physical activity' learning outcomes, whilst the other two strands are undertaken by Queensland primary generalists where they must incorporate and deliver learning experiences that develop students' knowledge and skills in relation to health and personal development (QSCC, 1999). The HE syllabus includes health promoting behaviours, social, emotional and mental health and wellbeing, safety, and nutrition education (QSCC, 1999). The other aspects of health can be evidenced in the biophysical dimensions of the science syllabus in years three, five and nine (Queensland Studies Authority, 2009). Coincidentally, Australia is also currently undergoing curriculum reform and the HPE curriculum is in the transition phase. There appears to be minimal changes within the HE aspect and will remain applicable in the new HPE curriculum. The number of strands have been streamlined from three to two, 'personal, social and community health' and 'movement and physical activity', whereby the Queensland primary PE specialists will continue to undertake the 'movement and physical activity' strand whilst the generalists in Queensland schools will be responsible for the 'personal, social and community health' strand (Australian Curriculum Assessment and Reporting Authority [ACARA], 2012b, p. 8).

Returning to the Singapore context, the other aspects of students' health and character development lie within the responsibility of all other teachers teaching the student with the form teacher being the 'reporting centre' where all information is consolidated and disseminated to the parents. Character development, according to Mr Heng Swee Keat, the Minister for Education Singapore (2011) refers to "developing social emotional competencies, and the habits and inner disposition based on sound values to act in a consistent way". These values are illustrated by character development and include personal values such as determination, self-awareness and confidence, moral values such as respect, responsibility and care and citizenship values of resiliency and informed citizenship (Heng, 2011). There is further collaboration with the school's pupil development department, which is concerned about the discipline, national education and psychological wellbeing of the students. The form teacher has one period per week of 'form teachers' guidance period' or 'pastoral care' to try to understand their students and, teach them

moral values and learning to cope with stress, which reflects the intended emphasis on students' social and emotional health. The emphasis of this aspect of health is further evidenced by the requirement of all subject teachers to assist in daily observations, coupled as part of a teacher's duty of care (MOES, 2012b). If any subject teacher notices that a particular student is behaving differently to their usual self, the student's form teacher will be alerted. Subsequently, the form teacher will be responsible for trying to find out from the student what is influencing their behaviour through counselling or conversations with the student and their peers, and devising a strategy in which school representatives and parents work together to assist the student. In more severe cases, the school counsellor, who is available in every school, may be deployed to assist in the counselling of the student through a referral process initiated by the form teacher with parents' approval. Alternatively, if a student has experienced or is experiencing a challenging family situation and the parents have notified the school of this issue, the school will arrange for student counselling by the school counsellor.

In order to assess and monitor the physical health of Singaporean children, weight management and fitness assessment play major roles and are considered to be of paramount importance in schools. For the fitness component, the National Physical Fitness Award (NAPFA), a mandated fitness test battery, was introduced in schools in 1982 to prepare students to be fit and ready for military service (McNeil & Fry, 2010; MOES, 2014). Subsequently, in a bid to reduce childhood obesity, the Trim and Fit (TAF) program was initiated in schools in 1992, where the TAF scheme resulted in the engagement of competitions between schools. Schools report on a combined physical fitness index (percentage of student obesity and NAPFA awards), which form part of the key performance indicator of students' health (McNeil & Fry, 2010). In order to present a greater comprehensive approach to students' health, 'The Championing Efforts Resulting in Improved School Health' was introduced in 2002 and further refined in 2007 to incorporate into schools' holistic health framework to encompass a more holistic perspective to students' health. It continued to include the fitness assessments and reporting of students' obesity alongside the social and mental health components prioritising students' character development (McNeil & Fry, 2010).

Schools report on this data through the processes and actions undertaken by the teachers. The TAF team, which is comprised of teachers who may or may not be PE teachers, works together with the HE teacher, who will measure the students' height and weight and allows the TAF team to compile the number of overweight and obese students in the school, based on their body mass index. This information is passed onto the relevant form teachers, who then inform the students that they are overweight, and thereafter liaise with their parents on how to best address their physical activity

patterns and diet. The TAF team will, either before school, during recess or after school, organise additional activities to help these overweight students reduce their weight. The PE teacher of the class will also receive this information and will be required to intensify the PE lessons to include more 'fitness' type activities so that students will be well 'worked out' during the thirty minutes lesson and be able to reduce their weight, as the national physical health data collection hinges upon the effectiveness of the PE program of the school. This program appears to have subtle similarity to one of the extensive health related programs available in Queensland but without the same level of surveillance. The program 'Smart Moves' required generalists to conduct 30 minutes of moderate intensity physical activity daily, with primary PE specialists adopting a leadership role in the promotion and enhancement of physical activity in schools and coordinating the implementation of the physical activity action plan in schools (QGDET, 2007).

In 2003, as severe acute respiratory syndrome affected Singapore significantly, a mandatory temperature taking policy was introduced in all schools (MOES, 2003). This included visual checks of students conducted by all teachers as the students walked through the gate to ensure they looked healthy and then during their first and after recess lessons, the teachers, regardless of subject, conducted the temperature taking exercise. All students and staff members were given a thermometer each and expected to bring them along for mass temperature-taking exercises (MOES, 2003). Students who were found to be experiencing a fever were sent for a second temperature taking and home thereafter if the fever was verified. Since then, temperature taking has become an accepted practice of the Singapore schooling system. Daily temperature taking happens whenever a crisis occurs, for example, during the H1N1 Influenza A virus period (MOES, 2009) and more recently, hand, foot and mouth disease (YourHealth AsiaOne, 2012). Otherwise, temperature taking is conducted after every school term break, that is, four times a year. This demonstrates the broad aspects of students' health in school and the shared responsibility of students' health in the school amongst all the teachers. At this stage, I wonder to what extent could this similarity be evidenced in the shared responsibility of students' health within Australian schools.

The above provides a comprehensive notion of what health work is encompassed within Singapore and the role of the primary PE teacher in that school health work context. However, it reveals more that is required to be understood within the role of the primary PE specialists in the Queensland context. With this lack of understanding, I purport the need to explore the extent primary PE specialists undertake health work in Queensland schools, given the enormity of what health work encompasses, which could infringe into the work of the PE specialists.

## **Aim of study**

This project aims to analyse the health work that is currently undertaken by primary PE specialists, a unique group of teachers teaching only PE in Queensland state schools. Furthermore, this project strives to present the extent of expectations and actual practice of PE specialists' health work. In order to undertake this aim, an ethnographic study was employed, in which an observation tool was created for use during field observations in selected schools, triangulated with the conduct of a semi-structured interview. The PE specialists participated in a face-to-face semi-structured interview and observations of their work were recorded as field notes by the researcher.

The following literature review section begins with an overview of what health is and its importance in the general population within Australia. Following this, the health conditions of children aged 5-14 years will be unpacked to provide greater understanding of the health issues of Australian children, the predominant age group with whom primary PE specialists are dealing with in schools. The children's health section will begin from a wider global community, to the specific health condition of children within Australia. Upon establishing the position of children's health in Australia, an attempt will be made at exploring a proposed solution, which is the utilisation of education. Thereafter, the relationship between education and health will be reviewed. In this section, the relationship between schooling and health will explore how schools have traditionally been thought to be best placed to educate about and maximise children's health. Finally, I will review current school-based strategies and policies implemented by EQ in Queensland, Australia before investigating the work that surrounds PE and links to health work primary PE specialist teachers may have to undertake.



## **Chapter 2: Review of the Literature**

For the purposes of this review, the literature has been framed using a broad to narrow approach. First, I consider the general health of Australians as a base point. Thereafter, I focussed upon the health of Australian children and then explored the place of schools, school-based health initiatives and the roles of teachers in health delivery. This provided a comprehensive overview of literature relevant to the study.

### **Health of Australians**

Health is placed at the forefront of human life and establishing what health encompasses will create a better understanding of how crucial it will be to embark on this study. Health as defined by World Health Organisation (WHO) “is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organisation [WHO], 1946, p. 1). It is further explained that “health is a resource for everyday life, not the object of living” (WHO, 1986). In looking at health status, the key questions considered will include the number of people involved, the way and location the people live in, the life expectancy, the causes of death, the health conditions people live with, the areas with the best opportunities for improvement and the disparity of health within certain population groups in Australia, some of which, will be further discussed (Australian Institute of Health and Welfare [AIHW], 2014).

According to the AIHW (2014), Australia’s health expenditure between 2011-12 was \$140.2 billion and this amount totalled 9.5% of the national gross domestic product (GDP). GDP is “a standard measure of the value of the goods and services produced by a country during a period” (OECD, 2009, p. 34). In comparison with other countries of the ‘Organisation for Economic Co-operation and Development’ (OECD), in 2010-11, Australia spent slightly higher at 9.1% than the OECD median of 9.0%, a similar proportion as Spain and the United Kingdom but lower than New Zealand at 10.3% and the United States at 17.0% (AIHW, 2013). One of the greater health expense is risk factors; factors that represent a greater risk to a health disorder, with dietary risks, high body mass index, and tobacco smoking presented as the top three risk factors, which contribute to 28% of Australia’s total burden of disease, death and disability (AIHW, 2014). The control of risk factors offers great potential for health promotion and possibly the reduction of national health expenditure (AIHW, 2010). This reduction in health expenditure facilitates contribution of resources to other areas of health such as education and preventive services.

Data from the AIHW (2014) state that Australia's non-Indigenous' life expectancy at birth is among the highest in the world. Death rates from major health problems such as cancers, asthma and chronic obstructive pulmonary disease, are decreasing and the survival rates are increasing. Daily smoking rates are falling, fewer people are drinking, vaccination rates are getting better and injury deaths have gone down. The rates of heart attacks are falling whilst the survival rates from heart attacks continue to rise (AIHW, 2014). On the other end of the spectrum, chronic problems are prevailing and incidences of mental disorders are increasing. Overweight and obese adults has increased to 63% and 53% of Australian adults are not exercising sufficiently to meet the recommended guidelines (AIHW, 2014). There are rising rates of diabetes and dementia, some problems with alcohol and drugs, and lack of good nutrition with 92% of Australian adults not meeting the recommended five serves of vegetables and 52% not eating the recommended two serves of fruits daily (AIHW, 2014). Risk factors such as smoking, being physically inactive and of a lower socioeconomic status (SES), results in poorer nutrition and contribute to the development of biomedical risk factors, which can lead to chronic disease, the leading cause of illness, disability and death in Australia (AIHW, 2014). Inequalities of health continue to exist and improvements with the greatest disparity in life expectancy still remaining (AIHW, 2014).

This provides a snapshot of the health of the general adult population of Australia, which projects a healthier population compared to the past. After understanding the health of adult Australians, the following section will review children's health, specifically Australian children's health, the target age group of the primary school students that primary PE specialist interact with on a daily basis.

## **Children's health and wellbeing**

A nation's wealth lies in its people and children are its hope for the future (AIHW, 2009; MOES, 2012a; Sen & Snowe, 2005). The future environment of intellectual, social and economic capability is largely dependent on this generation of children. According to Stanley (2007), a nation's capacity to provide the best quality of childhood to its children will determine its future prosperity. In 2012, there is an estimated 4.3 million Australian children, representing almost 19% of the total Australian population (AIHW, 2012; 2014). Twelve headline indicators were presented with regards to the state of health of Australia's children (AIHW, 2011a). Only five indicators; infant mortality, low birthweight, dental health, injury deaths and teenage deaths, had availability for internationally comparable data for OECD countries, with Australia ranked above the OECD average on all five of them (AIHW, 2011a). AIHW (2012) has reported on large declines in death

rates and prevalence of asthma and stable incidences of diabetes and cancer. It appears that Australian children are faring well. However, there are significant issues surrounding the health and welfare of today's Australian children including child abuse, dental decay, SES, sedentary behaviours, nutrition, overweight and mental health disorders (AIHW, 2012). In the following paragraphs, I will address the primary factors and concerns surrounding these issues to obtain a better understanding of children's health in Australia.

The United Nations Children's Fund (2012, p. 14) has declared that each child is entitled to the "enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health" and that the state of children's health is dependent upon the socioeconomic situations that they grow up in. International data suggests that the primary aspect affecting health is the SES of a child's family. Children growing up in a family with lower SES have been associated with poorer health and higher incidence of overweight and obesity due primarily to their dietary habits (United Nations Children's Fund, 2012).

In Australia, those living in rural and remote areas are more likely to experience poorer health outcomes than those living in urban cities, more specifically due to the higher socioeconomic advantages offered by cities (higher levels of education, income and employment and access to health services and staff), noting that there are also significant areas of low SES families in regional urban and metropolitan areas (AIHW, 2011a). Nonetheless, the health of Indigenous Australians is of particular concern due to their lower SES and poorer health, with 24% of Indigenous Australians live in remote or very remote areas (ABS, 2008; AIHW, 2011b; United Nations Children's Fund, 2012). Aboriginal and Torres Strait Islander children make up 33% of the Indigenous population and represent approximately 4.6% of the Australian children (AIHW, 2011a). According to the AIHW (2011b), nearly half of Australia's Indigenous children were living in jobless families and their death rate was more than twice that of non-Indigenous children.

Physical activity and good nutrition are essential to healthy living and have positive contributions to good health and wellbeing for children. The recommended physical activity for children aged 5-12 years is to engage in at least 60 minutes of moderate to high intensity exercises everyday and include muscle and bone strengthening activities at least three times a week (Commonwealth of Australia, 2014). The coverage of physical activity is not restricted to sports but is inclusive of any activity that increases an individual's heart rate. It is noted that a child's level of physical activity participation can be affected by many factors such as family, cultural and individual influences and disability and presence of medical conditions (AIHW, 2009). In 2011-12, 23% of children aged 5-

14 years old met the Australian physical activity guidelines for moderate to vigorous physical activity daily (Australian Bureau of Statistics [ABS], 2013).

With regard to nutritional intake, in 2011-12, 30% of children aged 5-14 years met the recommended daily intake of fruits and vegetables (AIHW, 2014). Low nutrition, high energy and inexpensive food are easily available, thus making it a viable option for low-income families (AIHW, 2011a). According to the AIHW (2011a), this high energy intake makes it difficult for children to expend an equivalent amount of energy and results in them being overweight and obese over time. Overweight and obesity is the resultant of excess energy not expended when energy input through food and energy output through physical activity are not in equilibrium, especially if energy input is greater than energy output, the excess energy within the body will result in excess weight gain over a period of time (AIHW, 2011a; Hill & Melanson, 1999; Prentice & Jebb, 1995; Purcell, 2010; Van Staveren & Dale, 2004).

Around 26% of Australian children aged 5-14 years are overweight and obese with the lowest socioeconomic areas having the highest obesity rate of 33% (AIHW, 2014). Research suggests that this may follow through and further aggravate the situation when they reach adulthood due to the continual family and cultural influences to dietary habits and health behaviours (Purcell, 2010; Van Staveren & Dale, 2004). Childhood obesity usually leads to adulthood obesity and this is at a rate of four out of five obese teenagers (Whitaker, Wright, Pepe, Seidel, & Dietz, 1997). A child who is overweight and obese has a greater risk of developing cardiovascular disease, asthma and type 2 diabetes than a child who is not (Guo, Wu, Chumlea, & Roche, 2002; Summerbell et al., 2005). Additionally, overweight and obese children are often the subject of their peers' constant teasing and discrimination, which can be detrimental to their emotional and mental health (Griffiths, Wolke, Page, Horwood, & Team, 2006; Hayden-Wade et al., 2005; Purcell, 2010; Schwimmer, Burwinkle, & Varni, 2003).

Some researchers have argued that in fact the obesity 'epidemic' of excess energy not expended is intrinsically flawed, as there has been a reduction or no increase in per capita energy intake from food in Western countries over the last fifty years (Heini & Weinsier, 1997; Hill & Melanson, 1999; Prentice & Jebb, 1995). As such, Phillips (2004) suggested that the obesity 'epidemic' was due to a decrease in physical activity rather than an increase in food intake and this stance was challenged by Gard (2004) who questioned the increase in health literacy, sporting clubs, physical activity initiatives and community-based sports. However, Gard (2004) concurred with Biddle, Gorely, Marshall, Murdey and Cameron (2004) that convenience created by modern technology has caused

the reduction in physical activity. This hypothesis is still circumstances-based with no empirical support yet to substantiate the claim. Nonetheless, Flegal (1999), Gard (2004), Biddle and colleagues (2004) have called for a widening of focus in the obesity research commentary beyond the caloric disequilibrium of energy intake and output, and include considerations across economic, psychological, social, physical, policy and cultural factors.

Another issue that contributes to the leading cause of death amongst Australian children concerning their safety and mental wellbeing is injuries. Injuries can result in permanent physical and psychological disability, thus they can have detrimental consequences to a child's overall development and health wellbeing (AIHW, 2011a). The causes of injury have been related to a child's environment, home and family whereby 90% of injuries can be prevented when the causes are controlled (Garzon, 2005; Howard, 2006). A significant risk factor for unintentional injury in children is closely related to the low SES of the family due to the lack of preventive interventions in the environment they reside because of barriers such as costs or availability (AIHW, 2011a; Birken, Parkin, To, & Macarthur, 2006; Garzon, 2005; Towner, 2005). As a result, in 2002-2006, injury of Indigenous children was at a rate of 21 deaths per 100 000 children which is three times the rate for non-Indigenous children of seven deaths per 100 000 children (AIHW, 2009). However, in comparison to OECD countries, Australia's injury death rate for children aged 0-14 years was in the lowest third (AIHW, 2011a).

The following section will explore the challenges of a child's mental health. "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2001). Children with good mental health are more likely to be more motivated learners, have fewer behavioural problems, achieve better academic success and have better relationships with their family and friends (Collaborative for Academic Social and Emotional Learning, 2003; KidsMatter, 2008; QGDET, 2008). They are also more likely to experience success beyond school with a greater likelihood of better prospects for employment (Collaborative for Academic Social and Emotional Learning, 2003; KidsMatter, 2008; QGDET, 2008).

Mental health problems can affect perceptions, emotions, behaviour and social wellbeing in an individual. There are a number of factors that can influence the onset of mental illness in children and these include individual, family, social, community, cultural, school context, life events and situations (Australian Government Department of Health and Aged Care, 2000; KidsMatter, 2008). According to KidsMatter (2008), anxiety, depression and disruptive behaviour demonstrated by

primary school students are signs of mental health difficulties. Students who are unable to cope will experience a reduction in their ability to learn and ultimately lead to school failure and drop out (KidsMatter, 2008). Some mental disorders have their early manifestations in childhood and adolescence while diagnosed adulthood mental disorders often have their onset in childhood. Symptoms of adulthood impulse-control disorder manifested at childhood include the diagnosis of attention deficit hyperactivity disorder, conduct disorder and some anxiety disorders (phobias and separation anxiety disorder) between 7-14 years of age (Kessler et al., 2007). Kessler et al. (2007) have indicated that they believe that timely interventions could assist in the negative development of primary disorders and prevent or delay the onset of secondary disorders. However, preclinical and clinical research is needed on treatment of early cases and epidemiological research is needed on the long-term consequences of early intervention for long-term secondary prevention.

Concerns remain among gaps between some groups of children due to their geographical location, worsening the outcomes for children in key areas of physical, social and emotional development and the increasing reliance on early childhood support services, which necessitates to be narrowed (AIHW, 2011a). In today's context, education and schooling appear to be a viable proposition in combating these concerns, with the use of policies and teachers as a medium in the delivery of health work to the children. The next section will investigate the association between the broader concept of education and general health of individuals in an attempt to provide a solution to improve the health of children.

## **Education and health**

Education has been conceptualised to leverage on the health and wellbeing of individuals. As an individual's levels of education and literacy escalates, their health is likely to benefit (AIHW, 2010; Basch, 2010; Cutler & Lleras-Muney, 2010; Macdonald, Johnson, & Leow, 2014; Mirowsky & Ross, 1998; Ross & Van Willigen, 1997; Ross & Wu, 1995, 1996). This correlation between education and health is a phenomenon known as the 'social gradient of health', where increased education leads to better health of individuals (AIHW, 2014). The following will analyse whether education can contribute to building healthier individuals through the analysis of literature surrounding the impact of education upon employment, SES and health.

Education as defined by Ross and Van Willigen (1997, p. 281) is "the years of formal education completed". Through the years of education, individuals develop the basic skills and abilities of

writing, numeracy, communicating and reading through to more complex skills such as analytical, perseverance, retention, concentration, resilience, problem-solving, classification, organisation, cognitive and logical thinking (AIHW, 2010; Hyman & Wright, 1979; Ross & Wu, 1995; Wheaton, 1980). Other commentators, including Lochner (2011), Cutler and Lleras-Muney (2010), Mirowsky and Ross (1998) and Ross and Wu (1995) have suggested that education also instills habits and attitudes of an individual to be dependable, motivated, hardworking, trustworthy and confident. Additionally, an individual's sense of control may be influenced by their perceived ability to control life decisions due to increased education (Lochner, 2011; Mirowsky & Ross, 1998).

Ross and Wu (1995, p. 720) assert, "Education is the key to one's position in the stratification system; it shapes the likelihood of being unemployed, the kind of job a person can get, and income". This is supported by Riddell and Song (2012), who found that a positive correlation was found between higher education at post-secondary level and the incidence of unemployment. Educational attainment reduces the stressors of being unemployed and increases SES which otherwise could strain interpersonal relationships, helps individuals maintain supportive relationships with others through increased flexibility in problem solving and ability to negotiate and compromise (Atkinson, Liem, & Liem, 1986; Gore, 1978; Lochner, 2011; Ross & Mirowsky, 1989). The higher educated individual gains greater access to non-alienated work and more rewarding work which is associated with low levels of distress (Kohn & Schooler, 1982; Ross & Van Willigen, 1997). A higher likelihood of autonomy on the job will be experienced and coupled with non-routine work that increase psychological functioning and job satisfaction (Ross & Wu, 1995).

The continued benefits of the better educated include increased economic, social psychological and health lifestyle resources and sense of personal control including household income, social support, exercise, moderate alcohol consumption and the avoidance of smoking, over those with less education, leading to better health (Cutler & Lleras-Muney, 2010; Ross & Wu, 1995; Seeman & Lewis, 1995). These resources allow individuals to control and shape their own lives to protect and foster health (Ross & Reskin, 1992). There is positive correlation between high levels of educational attainment and physical activity as well as social support (Cutler & Lleras-Muney, 2010; Lochner, 2011; Ross & Wu, 1995). Additionally, Coburn and Pope (1974), Cutler and Lleras-Muney (2010) and Lochner (2011) have asserted that preventive medical care is more likely to be taken up by the more educated as compared to the less educated. According to these studies, education appears to offer many positive benefits to individuals.

However, some studies have argued that in fact, education does not contribute to individual health. Case, Fertig, and Paxson (2005) have found that conversely, childhood health and SES effects upon educational attainment and SES of individuals at adulthood. Individuals with chronic health problems at childhood may have been compelled to miss more days in school and effect upon their educational attainment, employment opportunities and SES (Case et al., 2005). Hartog and Oosterbeek (1998) have questioned the positive correlation of education and health at higher levels of education, maintaining that education and health have mutual benefits only up to a certain level of education. Additionally, Veenhoven (1996) has found that in rich nations, the correlation between education and life satisfaction is weak as compared to poor nations where the correlation is more significant.

In conclusion, education appears to contribute more positively than negatively to the health and wellbeing of individuals. A strong correlation between education and health has been taken into consideration despite the issues of whether education effects upon health or vice versa. There is a clear connection between the two areas, which will lead the literature into reviewing how education can be actualised. This literature review will next address the avenue where education can be conducted, through the concept of schooling, which was first conceptualised as a process where children gather in a common place to impart knowledge through education and hoping to consequently improve their health.

## **Schooling and health**

A child's learning and development is imperative to their health and wellbeing (Elliott, 2006; Moore, Vandivere, Atienza, & Thiot, 2008). The foundations of lifelong health are established in childhood, a period of accelerated development, which is essential to develop good health, positive health behaviours, overall wellbeing and a reduction in factors that adversely affect health (AIHW, 2011a; Mustard, 2006). Children are more disposed to grow up as healthy, resilient and productive adults if they have the best possible foundations (AIHW, 2011a; Council of Australian Governments, 2009).

Schools all over the world serve as the centralised hub where children gather every single schooling day with the purpose of receiving a well-rounded education (Marks, 2009, 2010, 2011; Mohammadi et al., 2010; Tinning, 1996). For nearly a century, schools have served as the main centre for health prevention services such as immunisations and health screening and the impartation of intervention



skills to influence health behaviours for future disease prevention (Mohammadi et al., 2010). Schools' scope of influence is one of the largest, having attendance rates in schools ranging from 81% to 95% of Year 5 students in Australia (AIHW, 2011a). In fact, children's schooling has been regarded as a crucial factor in their development and wellbeing and is increasingly recognised worldwide through the tracking of attendance rates in primary schools (AIHW, 2011a). As a large and influential organisation, it has been considered the best and most probable social site to integrate physical, social and mental health into them (Marks, 2009, 2010, 2011; Mohammadi et al., 2010; Tinning, 1996). Since schools are central in the lives of young Queenslanders, they are considered to be the best choices to establish plans, programs and practices that promote positive student health and wellbeing (QGDET, 2008). Hence, schools remain as the preferred choice for the government, public health sector and community in impacting the health of children (Marks, 2009). Schooling refers to the accumulated knowledge, skills, resources, values and behaviours attained in school (Ross & Van Willigen, 1997). According to St Leger (2006), most school health programs are grounded on a belief that young people aged 5-14 years will adopt appropriate health behaviours when they receive basic knowledge about health issues. In fact, there is evidence that suggests quality HE programs in school are able to effect a change in the general health and wellbeing of young people through positive health behaviours which interlink with improved health status beyond school and in later life (Marks, 2010). Hence, active participation in school HE programs can facilitate young people in cultivating knowledge, skills, support and motivation, which underpin future informed choices favouring good health behaviours over at-risk behaviours (Marks, 2009).

HE in Australian schools has evolved since 1910 (Ridge et al., 2002). From 1910 to mid-1950s, Australian schools delivered health instruction whereby students were taught to be physically fit, told to avoid alcohol and have 'pure thoughts' (Ridge et al., 2002). Health instruction was transited to HE from the mid-1950s to 1980s where health knowledge was integrated into the curriculum with a focus on classroom-based education. Since the 1980s, there has been a shift from HE to the advocacy of a broader health promotion approach. HE was identified as one of many approaches of health promotion (Macdonald et al., 2014; Talbot & Verrinder, 2010), in which, health promotion according to the WHO (1986), is "the process of enabling people to increase control over, and to, improve their health". Health-related interventions were integrated into the curriculum together with school-based policies and links with the community. It was during this time period that elements of the concept of health promoting school (HPS) that will be elaborated further in the following chapter, started emerging in Australia (Ridge et al., 2002).

During the transition periods of HE, there have been arguments that repeated health messages result in young people feeling irritated and alienating themselves from the health educator (Rofes, 2002). Crossley (2002) comments that the mere highlighting of risky behaviours can be the main motivation for young people to engage in them. In the area of health literacy, St Leger (2001) argues that schools do address health literacy, but this work is conducted at basic levels. In order to combat this, school authorities need to provide a window of opportunity through the professional development of teachers. Health literacy according to Nutbeam (2000, p. 263) “refers to the personal, cognitive and social skills which determine the ability of individuals to gain access to, understand, and use information to promote and maintain good health”. Thereupon, this will equip teachers with the necessary skills to educate their pupils in HE. Schools need to be able to assess, filter and adopt the myriad of available health promotion policies that are considered to be best suited to their individual organisational and students’ needs (Leow, Macdonald, & McCuaig, 2011).

To this day, **the question remains as to whether schools are the ideal location for the enhancing and teaching of HE.** Indisputably, the sphere of influence is vast but its effectiveness is debatable (Nutbeam, Smith, Moore, & Bauman, 1993; Schee, 2009a, 2009b). The next section will further examine how Queensland schools are negotiating and implementing the programs and policies initiated by EQ, based upon state policy and the work teachers are executing in the name of health to justify its effectiveness.

### **School based strategies to enhance children and young people’s health**

In the early 1980s, health promotion was the primary theme advocated whereby health related interventions were integrated into the curriculum together with school-based policies and links with the community (Ridge et al., 2002). In a bid to strengthen school health, strategies informed by The Ottawa Charter and experiences of health professionals and educators internationally were forged. The five educational strategies based on The Ottawa Charter (WHO, 1997) were subsequently streamlined into the concept of the health promoting school (HPS) (Ridge et al., 2002) as summarised in Figure 1. The WHO introduced the concept of health promoting schools (HPS), which emanated from a theme of ‘preparation for life’ in the mid-1980s (St Leger, 2006). A HPS “is one that constantly strengthens its capacity as a healthy setting for living, learning and working” (WHO, 1995).

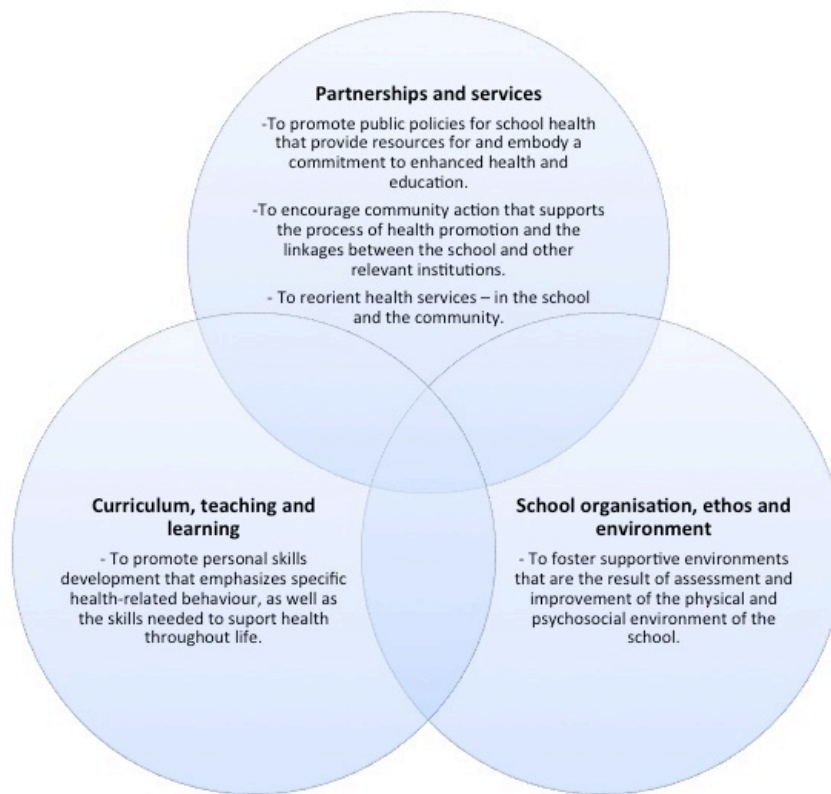


Figure 1: Integration of educational strategies based on The Ottawa Charter with the concept of the Health Promoting School.

The HPS was conceptualised as a site, which could augment students' capacity to effect their environment and assume ownership for their life decisions (Ridge et al., 2002). It acknowledges the importance of the curriculum and allows flexibility for the integration of health projects into various subject areas and school policies for collaboration to enhance the health of the students and their wider community (Ridge et al., 2002; St Leger, 2005). Prior to the 1980s, many health projects have been individually funded, but were unable to be sustained when the funding was removed. Thus the HPS approach endeavours to encourage sustainability in virtue of the addressing of health issues within an education framework embodied into all aspects of the curriculum (Ridge et al., 2002).

The HPS model according to St Leger (2005, 2006) includes six essential components namely:

- 1) healthy school policies. Healthy school policies refer to policies with an aspect of health related aims within. Schools could have healthy school policies by reviewing their current policies to incorporate aspects of health in them;
- 2) the school's physical environment. The school's physical environment includes the school buildings, playing spaces, equipment, sanitation and availability of water;
- 3) the school's social environment. The school's social environment is inclusive of relationships amongst staff and students, parents and the community;

- 4) individual health skills and action competencies. Individual health skills and action competencies refers to activities within and beyond the formal curriculum where students are able to gain knowledge and experiences for the benefit of their personal and surrounding health;
- 5) community links and;
- 6) health services.

Community links and health services are inclusive of relationships between the school and students' families and the local community, local and regional health services which have a responsibility towards the child and adolescent health care and education (St Leger, 2005, 2006).

The HPS model incorporates formal curriculum programs such as those articulated in HPE syllabus documents. A prime example of such a program is found in the Queensland's HPE curriculum, which seeks to accomplish the three strands of key learning areas namely; 1) promoting the health of individuals and communities; 2) developing concepts and skills for physical activity; and 3) enhancing personal development (QSCC, 1999). The promoting health strand states that health is maintained both by the individual and the combined efforts of the community through the acquisition of health information, examination of issues surrounding health and investigation of health between the individual and the interaction with others and the environment (QSCC, 1999).

In the 'developing concepts and skills for physical activity' strand, it is stated that health, nutrition choices, safety and health outcomes are influenced by personal, social and cultural factors as well as needs and availability of health services, products and information. Additionally, the curriculum is further committed to developing lifelong learning in having knowledgeable people with deep understanding, complex thinkers, creative people, active investigators, effective communicators, participants in an interdependent world and reflective and self-directed learners (QSCC, 1999).

According to syllabus documents, the HPE syllabus strives to complement the core subjects in the school curriculum by incorporating cross-curricular priorities including literacy, numeracy, lifeskills and futures perspective (QSCC, 1999). HPE seeks to provide each student with opportunities in a safe environment to practise their social, personal development, citizenship and self-management skills. Students will be able to learn to read, listen and interact with others on health, relationships, values and physical and emotional safety. They can also use numeracy skills in a range of outdoor activities, employ measurement tools and skills in nutrition, instil beneficial health related behaviours, apply spatial concepts, learn about angles and geometric relationships through various activities within the HPE syllabus. Lastly, teachers are to help students develop skills for decision making, strategic planning and problem solving to prepare them for the future,

giving them an opportunity to build their sense of control and create their future and learning to take responsibility for their decisions (QSCC, 1999).

One of the essential components of the HPS model, to engage the community and create partnerships, has given rise to a number of policies emerging in a bid to enhance the health and wellbeing of children. These include 'Eat Well, Be Active', 'KidsMatter', 'Health, Safety and Wellbeing', 'Smart Moves', 'Stephanie Alexander Kitchen Garden Foundation', 'Smart Choices', 'Anaphylaxis Management', 'Sun Smart' and 'Bullying No Way' etc. (QGDET, 2004). However, in 2012, EQ introduced the 'supporting student health and wellbeing policy statement', demonstrating their commitment to optimising students' health and wellbeing so as to succeed in their learning (QGDET, 2015c). The overarching policy is the 'Learning and Wellbeing Framework' alongside supporting policies including, 'Sun Safety', 'Stephanie Alexander Kitchen Garden Foundation', 'Smart Choices', 'Anaphylaxis Management', 'Bullying No Way' and 'KidsMatter' etc. Most of the earlier policies were retained except for 'Eat Well, Be Active' and 'Smart Moves' (QGDET, 2015c). In the following paragraphs, I will introduce the expectations of these policies and programs in Queensland schools and the accountability required from schools and teachers in relation to each program.

Within the policy statement, the 'Learning and Wellbeing Framework' is utilised with explicit guidelines for schools, principals and teachers to connote state schools' involvement in its implementation (QGDET, 2014). According to QGDET (2015c), schools are expected to embed student wellbeing into all aspects of schooling and intertwine the learning environment, curriculum and pedagogy, policies and expectations, procedures for specific health issues students experience and partnerships across school-based services and external agencies.

In the school learning environment, schools are mandated to generate school rules and regulations to govern the physical and cyber spaces students engage within schools (QGDET, 2015c). Schools are tasked with the provision of learning environments that are "open, respectful, caring and safe" (QGDET, 2015c). Curriculum and pedagogy's role in the learning and wellbeing is exhibited through the implementation of the 'P-12 curriculum, assessment and reporting framework' whereby schools will demonstrate explicitly how personal and social capabilities, namely self-awareness, self-management, social awareness and social management have been weaved into the curriculum. This aspect includes the HE within the HPE curriculum, accomplished by the classroom generalists (QGDET, 2015c).

The area of policy and expectations is enacted through policies such as sun safety, drug and alcohol and road safety where clear guidelines are intended for compliance by the school working in partnerships with the teachers, parents and students (QGDET, 2015c). Within the scope of health conditions and medications, they comprise of measures put in place for primary prevention, diagnosis and treatments in areas such as mental health, suicide related issues, head lice and contagious conditions, and administration of medications for students with specialised medical conditions with instructions and authorisations from a medical practitioner and parent (QGDET, 2015c). In the fourth aspect of partnerships, schools are to foster partnerships between the community, students, teachers, parents and carers and support staff, including a range of school-based services and external agencies (QGDET, 2015a).

As part of 'Eat Well, Be Active' was 'Smart Moves', which has since been removed; where schools were required to report annually on their allocation of physical activity (QGDET, 2007). All primary schools were required to allocate 30 minutes daily for moderate intensity physical activity conducted by the class teacher. Schools were to work closely with community and sport clubs to provide opportunities for students to engage in physical activity. In order to increase teachers' repertoire of skills, training was to be organised by the school coordinator and HPE teachers (QGDET, 2007). This has since been replaced with 'Physical Activity in State Schools', whereby schools have to provide opportunities for students to engage in physical activity within school time, with options of inclusion into formal PE lessons and other subject areas, school organised activities during lunch breaks, informal and independent play during break times or utilisation of partnerships with external agencies (QGDET, 2015b).

On the other hand, another program mandated, which previously formed part of 'Eat Well, Be Active' and has remained is 'Smart Choices'; which promotes healthy eating and considers schools to have an important role in providing an environment that supports a healthy lifestyle. Canteen vendors undertook retraining and were persuaded to adopt healthier food choices. The training included suggestions to keep their profit margin with the introduction of healthier food choices. Classroom activities conducted by teachers are embedded into the curriculum to teach students about healthier food choices and planning their food choices (QGDET, 2011b).

Within the 'Sun Safety' policy, schools are expected to develop a sun safety strategy in partnership with the school community that regulates students' exposure to outdoor activities from 10 a.m. to 2 p.m. and includes a dress code during such exposures to mandate the use of swim shirts and hats.

Schools are required to provide a SPF 30+ or more broad spectrum water resistant sunscreen for students to apply (QGDET, 2015c).

In ‘Stephanie Alexander Kitchen Garden Foundation’, children learn how to grow, harvest, prepare and share fresh and seasonal food to promote healthy eating. A garden is created and students cultivate and care for them with the help of their teachers and when they are finally ready, they harvest them and cook them in the kitchen. In this program, the specialists work closely with a nominated coordinator from the teaching staff, to plan activities and menus that are integrated into the curriculum (Stephanie Alexander Kitchen Garden Foundation, 2008).

Another important policy addressing student health and wellbeing is ‘Anaphylaxis Management’, which was introduced to schools due to the increased number of cases of severe allergies, and it has been identified that the first 20 minutes is the most crucial time period upon exposure. Teachers were required to go through an online course to learn to identify the symptoms and how to handle the child and situation in the school (QGDET, 2011a). This policy articulates teacher expectations to administer injections when a child displays symptoms of a reaction.

The following two programs, ‘Bullying. No Way!’ and ‘KidsMatter’ target the mental wellbeing of students. ‘Bullying. No Way!’ is part of the ‘National Safe Schools Framework’ to provide schools with a set of guiding principles in order to help schools to meet community expectations. It includes cybersafety, cyberbullying and community concerns regarding young people and weapons. Teachers are required to understand and implement measures to suit their school community and conduct classroom lessons through resources provided on a website (Australian Education Authorities, 1998).

‘KidsMatter’ targets primary school children to promote good mental health. This policy states that teachers need to be clear about their specific roles and responsibilities in identifying and intervening with students experiencing mental health difficulties (Australian Primary Schools Mental Health Initiative, 2009). Teachers are to try to understand the early signs of children’s mental health and provide strategies to assist pupils so they can remain engaged in their schooling. A classroom teacher, parent volunteer, member of the school welfare team and the principal are responsible to develop an action plan based on a seven-steps process to personalise the plan to the particular context of their school (Australian Primary Schools Mental Health Initiative, 2009).

Within all of these policies, partnerships and collaborations between schools and federal, state and local government, students and their families, community based groups, justice system, health services and staff are advocated. Schools have been placed as the prime location, a hub even, for health and education policy implementation and achievement of health outcomes. Teachers are expected to keep pace with all the policies, make sense of them and implement them within and often beyond, their classrooms amidst the confusion of what HPE constitutes in primary schools (Petrie & Lisahunter, 2011). An escalating expectation for the implementation of HPS strategies and health related policies have been placed upon school communities to adopt these policies, e.g., drugs education, alcohol, dental health, sun safety, mental health and immunisation (Leow et al., 2011). With all of the policies, curriculum and community partnerships surrounding health in schools, whether HPE is able to deliver its long-term objective of educating healthy, physically active and informed citizens will depend on the teachers' ability to comprehend their duties and attempt what is achievable rather than trying to fulfil the demands of sophisticated curriculum documents, complex policies and all that surrounds them (Tinning, 2000). At this juncture, apart from Leow's (2011) thesis, **there is little insight into how teachers engage with this raft of health related expectations**. Bearing in mind this deficiency, the following highlights the political and social pressures that impact and frame teachers' work and proceed to determine the demands of health work situated amidst these duties.

## **Teachers' Work**

In these times of global competitiveness, there is immense pressure upon the preparation of all nations' future generations and as a consequence, education has become a central focus of politicians', media and the public's attention (Hargreaves, 1994). Schools have been compelled to operate like private businesses, driven by efficiency and operating in a marketised school system competing for resources, students, reputation and community support for survival (Marginson, 2006; Smyth, Dow, Hattam, Reid, & Shacklock, 2000). Darling-Hammond (2009) further reiterates that market mechanisms are driving and enforcing schools' improvement and accountability. In order to improve schools' accountability, schools have and will be required to intensify their efforts by providing services that attract stakeholders. Moreover, by allowing for choice, the market reveals gaps for undersubscribed schools and allow policymakers to address these gaps (Darling-Hammond, 2009).



In the midst of regenerating economies in countries, schools and teachers have been tasked to place more emphasis on subjects like mathematics and science and technology, and to improve basic skills that are deemed to be essential to the marketplace (Barber, 2009; Hargreaves, 1994). In addition to the role of schools and teachers in rebuilding the economy, they are expected to aid in national cultures and identities where new content placing an emphasis on the historical and cultural unity and identity within national education must be taught and covered (Hargreaves, 1994).

Teaching is seen as more complex and skilled with teachers being involved in leadership roles, collaborations with colleagues, parents and community and providing guidance to others in their areas of expertise (Acker, 1999). Teachers' work includes developing students' characters and creating complex changes in students' cognitive understanding and skills (Metz, 1993). Teachers attempt to deliver the curriculum set but yet are burdened with the children's social and educational problems which may be beyond their control (Acker, 1999). Some examples of the activities teachers engage are, teaching and assessing, extra-curricular activities, counselling students, meeting and planning etc. They have to make use of the skills and resources to try to develop the ability of social practice of their students (Smyth et al., 2000). All of this work teachers do are but part of achieving the kind of outcome that is highly valued and to establish how students should function in educational systems and schools (Smyth et al., 2000).

In conclusion, this section explored the work of teachers, which HPE teachers and PE specialists also administer. Additionally, they engage in an area of health work, which is implemented through the curriculum and policy documents. The following section explores teachers' work in the curriculum area of HPE. It examines specifically the involvement of HPE teachers and PE specialists in the area of health work and documents the evolvement of PE specialists and HE in Queensland.

## **Teachers' work and HPE**

In recognition that children are the key to Australia's future, the health of wellbeing of Australia's children is placed at the centre of policy-making especially in the area of education (AIHW, 2009). There are lots of expectations as demonstrated by the mandatory policies and programs mounted in schools focused on early intervention and prevention, for example, 'Anaphylaxis Management' (QGDET, 2012), 'KidsMatter' (Commonwealth of Australia, 2008), 'Smart Choices' (QGDET, 2011b) and 'Bullying. No Way!' (Australian Education Authorities, 2012). **Amidst all these health**

**work expectations, currently we have little evidence indicating what health work and the extent of the health work teachers are doing in to determine the effectiveness of the delivery of health.**

In light of the teachers' work with respect to the curriculum domain of HPE, the following sections will address some of the current issues. HE by the WHO (2012) is defined as "any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes". Health work is a relatively recent idea as the agenda of public health has slowly crept into the work in schools and hence limited research has been done on this aspect. Rossi, Pavey, Macdonald, and McCuaig (in press) explored the health work of teachers in Queensland, Australia and uncovered that whilst there are onerous demands upon the time and energy of the teachers, the conduct of health work is essential. Health work in primary schools "includes everything from regular head lice checks, choosing appropriate foods for school excursions and camps, through to whole-school mental health strategies" (Rossi et al., in press). Additionally, there is increasing expectations for schools to be at the forefront in the area of health promotion.

Health has been positioned as part of PE and is increasingly gaining importance and emphasis (Pühse et al., 2011). However, there are differing concepts of the meaning of health within PE across nations, which have been customised according to the individual nation's health needs. For example in the United States, the promotion of physical activity and provision of physical activity in school is the priority due to the nation's major health problem of sedentary living, whilst in Germany, mental health problems, eating disorders and allergies and obesity were identified as major health problems. PE programs continue not to have a systematic health approach (Pühse et al., 2011). In Australia, a myriad of health topics such as sexuality, food and nutrition, ethics, fitness and relationships are included in the teaching of HPE (MacDonald, Hunter, Carlson, & Penney, 2002). However, Daube, Roberts, Pesce, and Stanley (2010) purport a lack of valid information indicating how much and how well HPE is implemented in schools around the country. Health in this instance has an ambiguous standing within HPE, which this study will endeavour to substantiate through the classification of the health work accomplished in Queensland primary schools.

According to Tinning and Glasby (2002), HPE teachers are placed as agents of curriculum delivery and are more likely to focus on the science of health, which culminates in a logical outcome as opposed to the subjective nature of health, due to their "partial and limited" (p. 117) competency,

that is inclined towards certain ways of obtaining knowledge on health. Additionally, Larson (2003) revealed that more than 80% of physical educators acknowledged the importance of health education but expressed they were underprepared in their degree programs. As such, many of them had to 'self-teach' in several key areas such as sexual orientation, relationships, stress management, cancer and environmental health, to equip them in the delivery of the content in the area of health. The implications for the lack of ability and confidence of HPE teachers in the health component could compromise its delivery in schools, thus magnifying the need to comprehend the current school situation regarding the health work primary PE specialists are engaged in.

In 1992, a crisis was declared around the HPE school curriculum within Australia (Dinan-Thompson, 2006; Swabey & Penney, 2011; Tinning, Kirk, Evans, & Glover, 1994). The findings in the report by the Senate Standing Committee on Environment, Recreation and the Arts (Commonwealth of Australia, 1992) presented reasons for the crisis, which included an overcrowding of the PE curriculum, absence of coherent PE policy, a lack of agreed outcomes for PE, having HE in PE and a reduction of the number of PE specialists. Reid (2011) emphasised that throughout HPE's history, a paucity of purpose in PE and the positioning of PE to create a division between mind and body have caused the undervaluation of PE within the community and core curriculum. According to Tinning (2000), in recognition that there is always limited time in carrying out HPE, "preference should be given to pursuing those educational objectives that are developed through participation in physical activity – objectives that focus on knowledge, skills and attitudes considered useful in preparation for a healthy lifestyle" (p. 20). In addition, Tinning (2000) proposed that discussions surrounding this issue of physical education within HPE could be incited.

In 2008, when the government announced its intention to push for a national curriculum, it comprised of four subjects without HPE, namely mathematics, science, english language and history (The Hon Julia Gillard MP, 2008). After lobbying from professional organisations, HPE finally found its place in the launch of the third phase of design (ACARA, 2012a). In the midst of ongoing development of a new national curriculum, Penney (2010) believed that curriculum renewal would be a defining time in the curriculum history of HPE in Australia. According to Reid (2011), based on the new learning area of HPE using movement as a way of learning in the new draft shape curriculum of HPE, "it does seem that at the current time the planets are aligning for Physical Education" (p. 90). The struggle and subsequent progression on establishing PE status through the curriculum appears to be intensifying and that indicates an exigent demand in comprehending the fundamental aspect of its delivery in schools to enhance its continual advancement.

Within Queensland, a unique characteristic of Queensland primary schools in comparison to the primary schools in other states within Australia is the existence of primary PE specialists (Ministerial Review Committee for School Sport and Physical Activity, 2007). From 1950 to 1960, PE specialists were placed in major centres across Queensland to undertake an advisory role and assist the generalists on conducting PE programs through the provision of advice (Tainton, Peckman, & Hacker, 1984). The generalists in primary schools were held accountable for the conduct of PE lessons and referred to highly prescriptive resource materials for their PE lessons. It was only in 1960 to 1970 that primary PE specialists were appointed to primary schools and the responsibility of PE began to shift from it belonging solely to the generalists to a shared responsibility between the generalists and the PE specialists. PE specialists continued to undertake an advisory role. However, with their addition to schools, the generalists began to aberrate from the prescriptive resource and instead, moved towards school-based programs to cater to the needs of their students. The PE specialists assumed the major role in developing and implementing the programs in the school (Tainton et al., 1984). In the 1970s, there was significant change in the curriculum reflecting a close relation to HE. The number of PE specialists increased substantially and the daily PE program was implemented in the schools. There was one PE specialist to about 1 000 primary school students. According to Tainton et al. (1984), the role of the PE specialists is to provide assistance to the generalists in planning and implementing PE programs catered for their classes. Additionally, the PE specialists would assist the generalists in the development of resources for their PE programs. Currently, PE specialists have shifted from an advisory role to a delivery role for PE programs and PE lessons, and coordinating school wide events such as sports day and inter school sport in primary schools (QGDET, 2014c).

In a study conducted by Lynch (2007) in three 'Brisbane Catholic Education' primary schools, he found that in a school with an experienced PE specialist who was very familiar with the HPE syllabus, there was an agreement with the generalist teachers that the PE specialist was responsible for the physical activity strand only in the HPE syllabus, while the generalist teachers would be responsible for both the health and personal development strands. In another school, a PE specialist who was in her third year of teaching, had obtained her physical education qualifications overseas and thus was unfamiliar with the HPE syllabus. In this particular school, the PE specialist stated that she was responsible for the physical activity strand only but the generalist teachers believed that the PE specialist was responsible for all three strands of the HPE syllabus (Lynch, 2007). In the last school, due to the absence of a PE specialist, the teachers' perception of students' interest levels in PE appeared to be the lowest compared to the other two schools with a PE specialist (Lynch,

2007). It appears that in this case study, the health strand in the HPE syllabus is either not executed in schools or not considered the responsibility of the primary PE specialists and undertaken by the generalists teachers. According to QGDET (2014c), the primary PE specialists undertake the physical domain of the HPE syllabus whilst the generalists teaches the health component in schools. **Due to the upcoming introduction of the new curriculum in HPE, it would be pertinent in understanding the health work currently undertaken by primary PE specialists. This will assist in determining their readiness in interacting with the health component in the new curriculum, with an increasing expectation placed upon PE specialists to take the lead in HE as HPE teachers** (Hickey, Kirk, Macdonald, & Penney, 2014; Lynch, 2015).

How involved are primary PE specialists in their engagement with health work, both the curriculum and the health related programs and policies? Regarding the nature of health work primary PE specialists in Queensland execute, within and beyond the curriculum, there has been little in research for reference. What health work do PE specialists execute that can be identified within their work? These questions cannot be answered due to the relative paucity of research studies in this area as already established and thus the conduct of a research study is crucial in understanding what actually happens in schools within the allotted school hours.

### **Significance of study**

To date, as established earlier, there is little research in the area of the health work PE specialists are doing in Queensland schools. There is a lack of accountability on the health work PE specialists are doing. **Identifying the possible health work PE specialists are currently engaged in implicitly or explicitly through this research, it could potentially reduce the burden schools already feel for the delivery and expertise required in the HPE curriculum, particularly the “health” of HPE.** PE specialists may provide opportunities for recognising the HE work to release some of the burden schools bear. Furthermore, policy makers within the health and education sectors could look at how this work should be accounted for in workplace, education and health policies.

Based on the above literature review, there are gaps in the understanding the what health work constitutes in the schools and be cognisant of what health work is currently undertaken in schools by the PE specialists, which will form the main research questions in this study, as follows:

## **Research Questions/Research Issue**

- 1) What is categorised as health work in school settings?
- 2) What health work do PE specialists perform in their work?
- 3) How much of this health work can be identified as HE?
- 4) How do they understand their role as health educators?

## **Chapter 3: Methodology**

### **Introduction**

The following section aims to describe the proposed research process to be used in answering the research questions. According to Crotty (1998), the fundamental aspects to be considered in a research process are epistemology, theoretical perspective, methodology and method. Each aspect is dependent on the other, culminating in a detailed presentation of the proposed research method.

### **Epistemology**

Epistemology is the study of knowledge. It encompasses what we know and how we come to know what we know (Crotty, 1998). This study will adopt the epistemological position of constructionism.

Crotty (1998) describes of constructionism that there is no truth and meaning waiting to be discovered but only one's own construction of meanings and interpretation from his/her engagement with the world, everyone different from another. These interpretations are not constructed in isolation but with the acknowledgement that the social, cultural and historical background of each individual contributes significantly to the process of the construction of the meaning (Crotty, 1998). The implication for this study is that when both the researcher and the participants interact with each other, these factors of social, cultural and historical background will influence significantly to the research process. Meanings will be constructed through the understanding of the participants and how they function within the world. As such, absolute knowledge and truths cease to exist; multiple truths prevail, but only one interpretation as provided from the researcher's viewpoint will be presented (Crotty, 1998).

Nonetheless, I believe that in the conduct of this research through my perspective, shaped by my own social, cultural and historical background, will provide a unique and interesting interpretation that is inevitably partial with the potential meanings generated through the interactions with the participants and the world. Thick descriptions and interpretations of the health work PE specialists do in schools are provided instead of a prescriptive list of dos and don'ts (Geertz, 1973).

## **Theoretical perspective**

Theoretical perspective according to Macdonald et al. (2002, p. 134) is “a philosophical stance, a view of the human world, that broadly informs the research process through making assumptions explicit”. I concur with Pronger’s (2002, p. 21) view on the use of theorists in my work, he asserts that “I appropriate the words of Heidegger and others only insofar as they aid my critical project”. The theoretical perspective my research will adopt is social constructionism with grounded theory as my theoretical tool.

## **Social Constructionist perspective**

Social constructionism, according to Schwandt (2000), draws on construction and invention of knowledge through realities of the world to make sense out of experiences. It “abandons the traditional views, invites a new range of theoretical departures, and favours communal as opposed to individualist value investments” (Gergen, 1995, pp. 17-18). This is accentuated with social constructionism situating human relationship in a position of prominence (Gergen, 1995). The social phenomena emanates from human activity and the process of interpreting this phenomena as a social reality denotes social construction (Crotty, 1998). Meaning is created and constructed instead of being sought after or searched (Schwandt, 2000).

Social constructionism as distinct from constructivism emphasises the influence of our culture upon us, including the uniqueness of the way we see and feel things (Crotty, 1998; Gergen, 1985). Interpretations of meanings are constructed on the foundations of a pastiche of shared understandings, history, practices, language, experiences and sociocultural etc. rather than in isolation (Schwandt, 2000). These constructions are assisted with the use of schemas, concepts and models to find coherence in the experiences. Furthermore, the constructions are constantly assessed and modified to incorporate new experiences (Schwandt, 2000). The adoption of the social constructionist standpoint provides the acknowledgement that the interactions between the researcher and participant with the social, cultural and historical factors of both will contribute to the meaning construction process during data collection and analysis in a significant way.



## **Grounded theory**

### ***What is grounded theory?***

Grounded theory as developed by Glaser and Strauss is defined as the “systematic generating of theory from data, that is rigorous, orderly guide to theory development that at each stage is closely integrated with a methodology of social research” (Glaser, 1978, p. 2). Glaser and Strauss (1967) accentuated the purpose of theory as a strategy to decipher the data, conceptualise emerging themes and categorising them to make meaning of the data through an iterative process. This method is inductive in that the theory is developed from and grounded in the data, when both theory and data interact (Neuman, 2006). According to Glaser and Strauss (1967), the determining constituents of grounded theory include: 1) concurrent participation by the research in both data collection and analysis; 2) construct of analytic codes and categories from data without the influence of preconceived perceptions; 3) constant comparison method, the comparison of data during each stage of analysis; 4) incorporation of every stage of data collection and analysis, which leads to theory progression; 5) memo writing to substantiate the categories through explaining their properties, linking the categories and revealing gaps; 6) theoretical sampling through delimiting the categories leading to a more robust theory; and lastly, 7) conducting the literature review.

Since the inception of grounded theory, both Glaser and Strauss continued building upon the grounded theory independent of each other and the theory diverged into two distinct forms (Charmaz, 2000). Glaser (1992) concurs with the positivist perspective with an objectivist underpinning, which the classic grounded theory undertakes, whilst Strauss and Corbin (1990) reformulated grounded theory in a postpositivist perspective, through proposing an input from the respondents, providing an impeccable representation of the respondents including acknowledging their conflicting views of reality with the researcher’s (Charmaz, 2000). Furthermore, Strauss and Corbin (1990) gravitated towards the emergence of data and theory through analytic questioning, hypotheses and methodological applications. This ensured that the theory generated is grounded in the data through a methodical approach in data collection and analysis (Strauss & Corbin, 1994). This emphasis was meant to provide guidance to beginning researchers but veered into the construction of an unintended rigid grounded theory (Keddy, Sims, & Stern, 1996). Conversely, Charmaz (2000) adapted grounded theory and included a constructivist variant to provide greater flexibility and that was being less prescriptive in the practice of grounded theory.

Grounded theory is acknowledged by Charmaz (2011, p. 360) as a “method of qualitative inquiry in which data collection and analysis reciprocally inform and shape each other through an emergent

iterative process”. Researchers are informed by the analysis of data, which presents the need of additional data collection and vice versa, creating a relationship between both moving forwards and backwards mutually informed by the other (Charmaz, 2011). These relate to the fundamentals of grounded theory as being “iterative, comparative, interactive and abductive” (Charmaz, 2011, p. 361). According to Charmaz (2000, 2005), the distinguishing features of a constructivist grounded theory are:

- 1) An emphasis on the studied phenomenon instead of the methods of studying it;
- 2) The grounded theory guidelines are appropriated as tools but not the positivist perspective it assumes;
- 3) It maintains the study of people in their natural settings;
- 4) It adopts a reflexive standpoint on understanding and representing the subject, recognising that the impartial observer possesses certain preconceived ideas and experience;
- 5) It acknowledges the subjectivity of the observer in terms of, interactions with participants, prior experiences, interests and in data collection and analysis; and
- 6) It focuses on meaning instead of limiting interpretive knowledge.

### ***Grounded theory strategies***

#### *Coding data*

Emerging data are coded promptly as they are collected. Through coding, the data are refined and provided a meaning as they are categorised (Charmaz, 2000). In this process of coding, analytic questions about the data are asked and constant comparisons of data are made (Charmaz, 2000; Strauss & Corbin, 1990). Constant comparative methods of data denotes: 1) comparing different participants across the study (their experiences, actions, situations, accounts and views); 2) comparing individual participant’s data at various points (interview with observations and memos); 3) comparing data with categories; 4) comparing categories with categories (Charmaz, 1995, 2000; Glaser, 1978, 1992). Three forms of coding are introduced, namely open, axial and selective coding.

The conduct of open coding involves analysing, scrutinising, comparing, conceptualising and forming categories of the data (Strauss & Corbin, 1990). Line-by-line coding is executed to obtain conceptual labels, which are representations of the phenomena. When a particular phenomenon begins to emerge, these conceptual labels are grouped around it creating categories (Strauss &

Corbin, 1990). Categories are named by the researcher to provide the best representation of the data. The names may emerge from the data or are adapted from the literature.

The next phase of coding Strauss and Corbin (1990) introduce is the use of axial coding. Axial coding connects the categories by creating links between the categories and subcategories. This accounts for the reflexivities and empirical reality involved in both the researcher and participants (Charmaz, 2000). The final phase of selective or focused coding examines all the data categorised under it to build and clarify the categories. Comparisons are made between categories to identify the variations and hence revealing the gaps in the analysis (Charmaz, 1995, 2000). There is an intermediate step between the coding and completed analysis labelled memo writing, which will be elaborated.

### *Memo writing*

In reality, not all change can be accounted for and memo writing provides the reader with a visualisation of the flow of events within the timeline (Strauss & Corbin, 1990). Memo writing assists in the stimulation of the researcher's thought process and a fresh perspective in the interaction of the data and codes devised. The processes, assumptions and actions of the participants that are integrated in the codes are expatiated. In this instance, codes are viewed as processes instead of representations (Charmaz, 1995, 2000).

Memo writing provides a linkage between the analytic analysis and interpretive empirical reality, where raw data is subjected to direct comparisons with the categories and analysis (Charmaz, 1995, 2000). Hence, the researcher is able to clarify the importance of categories, classifying them as major or minor, which will assist in directing the emerging analysis. Memo writing has an immediate effect upon theoretical sampling.

### *Theoretical sampling*

Memo writing identifies the gaps within the categories and theoretical sampling aids in filling the gaps. It requires the researcher to return to the field to engage in more data collection, with an aim to shape ideas instead of increasing data size (Charmaz, 2000). Theoretical sampling can produce a definitive, refined and conclusive theory. However, it demands the researcher to experiment with their emerging theory in the field and possibly engage in more data collection to identify key issues and formulate the characteristics and boundaries (Charmaz, 1995, 2000).

Theoretical sampling is a main component within grounded theory and hinges upon the constant comparative method (Charmaz, 2000). Comparative data in substantive areas assists in teasing out less thought of features in categories. Charmaz (2000) recommends conducting this phase of theoretical sampling after data and analysis have emerged as early theoretical sampling may result in a premature end of the analysis.

### ***Critique of grounded theory***

Glaser and Strauss (1967) advocated the importance of not having preconceived ideas forced upon the data through searching for evidence to support these ideas. On the other hand, the researcher within this research study concurs with Seldén (2005), who believed the importance of understanding the research topic prior to undertaking the research, hence, one would be cognisant of existing results from others' research and one's own initial results, including the assumptions, bias and preconceptions. This would position an individual out of grounded theory's notion as proposed by Glaser and Strauss. However, Allan (2003) had earlier addressed this concern by indicating his confidence in the meaning of Glaser and Strauss, in that they were referring to absence of preconceived bias and preconceptions in working practices, which could be etched in the researcher's mind.

Allan (2003) commented about the difficulty of coding without having prescribed strategies but only the description of the concept of coding, whereas on the other hand, Seldén (2005) critiqued coding within grounded theory to inhibit creativity due to how laborious coding can be. Additionally, Allan (2003) raised his concern about not knowing when to finish analysing, although Glaser (1992) discussed that saturation indicated the end of analysis. Allan (2003) managed to reconcile with multiple attempts to terminate the analysis and building his confidence in forming the theory. Richardson (1993) perceived the completion of grounded theory analysis to be alienating and diverted to literary forms. Notwithstanding these critiques, grounded theory's focus on the allowance of data to inform the researcher of the phenomenon in this research bears greater significance than the problems it poses.

## *Grounded theory applications*

Charmaz's variant of grounded theory was utilised in this study. The use of grounded theory in this study allowed for an insight into what transpires in the actual work of PE specialists instead of what ought to be going on (Glaser, 1978). The openness for and to the unexpected permitted flexibility in the study that was dependent entirely upon the generated data (Neuman, 2006). In employing the grounded theory method, the researcher was able to study and interact with the data through an iterative process to discover emerging categories relating to health (Charmaz, 2011; Gery & Bernard, 2000). The results were presented in thick descriptions and detailed elaborations of the research assumptions and context, which the interpretations were made (Mills, Durepos, & Wiebe, 2008).

Analogous to Charmaz's (2000, 2005) defining components of grounded theory, **this study was ethnographic and observations of participants were conducted in their natural environment within their schools teaching their students as they would daily.** Reflexivity was undertaken, with consideration and acknowledgement of both the researcher and participants' realities and their backgrounds. The reflexivity of the researcher's will be discussed in-depth in the following section and the participants' in chapter four. Grounded theory was employed to study the phenomenon present together with the rigour of iterative and comparison processes grounded theory provided. The data from the observations, memo writing and interview were continually shaped to construct categories using open, axial and selective coding. The limitations to this study were that the data collection was not informed by the analysis, the lack of theoretical sampling due to the time constraints of the approved ethics for data collection and the categories that emerged from the rigorous coding in the data analysis were not utilised for the purposes of generating a theory.

## **Methodology**

Methodology of research refers to the approaches and practices that are fundamental to the techniques employed in order to ensure the objectives of the research are achieved (Crotty, 1998). The foundational methodologies in this research are ethnography and reflexivity.

## **Ethnography**

Ethnography is defined as “the art and science of describing a human group – its institutions, interpersonal behaviors, material productions, and beliefs” (Angrosino, 2007, p. 14). It includes studying communities and their way of life in terms of their learned and shared beliefs, behaviours and customs. Wolcott (2008, pp. 72-73) explains the underlying purpose of an ethnographic research, is to “describe what the people in some particular place or status ordinarily do, and the meanings they ascribe to the doing, under ordinary or particular circumstances, presenting that description in a manner that draws attention to regularities that implicate cultural process”. The conduct of ethnography provides insights into the thoughts and actions demonstrated by people in their natural environment that permit their usual behaviour to be exhibited and then captured through recorded observations and interviews (Reeves, Kuper, & Hodges, 2008). This is congruent with the conduct of my research where I immersed myself in the school environment for three weeks, recorded observations of what my participants went about daily in school and relied heavily on the personal interactions with my participants, especially through interviews and informal conversations to collect data (Angrosino, 2007).

Reflexivity is central to ethnography due to the relationship I share with my participants (Reeves et al., 2008). This is presented in the form of a description in the following section that allows the readers to determine the possible effects they may have on the study. The essential approach to data collection in ethnography is the triangulation of qualitative data sources, between observations and interviews (Patton, 1999; Reeves et al., 2008). In this research, this was employed where the consistency of data collected at the different times were compared and contrasted, consistent with the use of grounded theory. Additionally, grounded theory will be utilised in the analysis of data whereby emerging themes are identified and categorised. Thereafter, the data will be presented in “thick descriptions” of the research setting and the participants (Geertz, 1973; Reeves et al., 2008).

## **Reflexivity**

The last methodology this research will apply is the practice of reflexivity. Reflexivity recognises researchers as part of the world and the need to disclose them, understanding their influence in the research (Hastie & Hay, 2012). In taking on the stance within social constructionism, the notion of reflexivity suggests that the researcher’s and participants’ personal experiences and the relationship between the researcher and participants are taken into account and will have an influence upon how the research is carried out and interpreted (Ellis & Bochner, 2000; Macdonald, Kirk, et al., 2002).

Within the research, I will present my acts of reflexivity in the form of descriptions of my experiences and history, which can be used by readers to determine the significance of these effects to the study. I acknowledge that my values and beliefs, shaped by my socio-cultural history, will have an effect on my execution of the research and ultimately the interpretations and conclusions of my participants and research. This increases my awareness of the possibility of a bias, which I inevitably will bring into the research but will endeavour to minimise. Part of my background that will be of relevance is as follows:

#### 1) Socio-cultural background

- I am from a middle class Singaporean Chinese family where I am the only child. English language has always been the dominant language used at home and with my extended family. Even at a young age, my parents have allowed me to make most of the major decisions about my life and inculcated in me the taking responsibility for them regardless of the outcome.
- Both my parents were working throughout my growing years and thus I spent most of my time with my cousins and grandmother. However, academic achievement has been a huge emphasis within the family and often our parents compared our examination results against one another. As a result, a huge sense of competitiveness was created amongst us.

#### 2) Education and schooling climate

- In addition to the family pressures to pursue academic excellence, being in an above average school, there has often been great pressure to be the high achiever in school. There has not been room for failure as those who belonged in this category were outcasts and teased by everyone else. Academic excellence was the main priority in school and it played a major part in the social circle of friends an individual was in.
- In order to remain competitive, tuition formed a huge part of my after school life and extra work given by my parents daily to complete after school in addition to any homework from school. It was common knowledge that a student with high academic achievements would eventually be able to translate these achievements into a good and high paying job in the future. This message was consistent through from the teachers to parents, grandparents and even peers.

- My interests rested in mathematics, PE and extra-curricular activities, which I participated in school. I was part of the school netball team and soccer team and had an opportunity to participate in taekwondo, which I requested to participate in outside of school. These interests did come with a prerequisite of having academic achievements for continual participation. Any drop in academic results would mean a temporal coerced stoppage of ‘extra-curricular activities’ by my mother until the improvement of academic results in the next test or examination. It was during my junior college years that I decided to pursue PE teaching as a career and since being a teacher was highly valued as a decent job, this decision was supported by my family. Mathematics was the natural choice as my other chosen subject for that was the academic area where I enjoyed and was most confident in. The perseverance I managed to build up through solving mathematics problems I believed helped to mould me and be able to translate this into other activities.

### 3) Professional teaching experience

- I graduated from the National Institute of Education, Singapore with a Diploma in Physical Education and Sports Science and began teaching PE and mathematics in a government primary school. Despite having PE as my first specialisation, mathematics naturally took up most of my time due to the strong emphasis the country’s education system has placed on the four core subjects in the curriculum. Mathematics was deemed as a subject that required constant practice and thus students had work in class as well as daily homework. This formed a rigorous routine of daily marking of students’ assignments. In addition to this, when school ended, meetings, trainings, supplementary and conduct of co-curricular activities (CCA) made up the rest of my day in school. Weekends were filled with setting of tests and examination papers, preparing worksheets and marking of students’ work. Gradually, planning for school camps, functions and sports day formed part of my weekend assignments. I decided to come over to University of Queensland to pursue my undergraduate degree in Human Movement Studies.
- Upon completion, I returned to Singapore and was posted to another school. Without a head of department and being the only PE trained teacher in the school, I was given responsibilities of the PE department three months later. This meant having the PE and HE departments, TAF club and CCA under my purview. Additionally, school events planning, camps, trainings, briefings and meetings added to the pool of activities. Supplemental work



responsibilities also came from being in the mathematics department of having to set upper primary examination papers and handholding younger department members. I pondered upon teachers' work and their time commitment in this job. It seemed more like 'living in the career' than 'having a career'. I decided to take a break and looked at the work teachers did here in Queensland. Whilst I was researching on it, I thought of doing a research that I could personally relate to, which was the work of primary PE teachers. I was drawn particularly to an area of health work of PE teachers, which I felt was an additional responsibility that had been imposed upon them.

#### 4) My philosophical viewpoint

- I have experienced first-hand the intense workload expected of a PE teacher in Singapore and an added expectation, which I did not agree with, as a PE teacher having to undertake HE. I developed a keen interest in the work PE specialists in Queensland had to undertake and wondered to what extent the PE specialists engaged in health work in school, which led me to this research study.
- At the time of writing this document, I would describe my views of health work and its role as essential. In saying that, it means that health work is required for the society to function, but I am appalled in its acquaintance and associations with a political agenda. However, I believe that politicians and educational organisations need to be able to prioritise its importance and include only important and useful content within the curriculum.

## **Method**

### **Ethical consideration**

Ethical approval (refer to Appendix A) was obtained and granted from both EQ and The University of Queensland UQ, approval numbers 550/27/1311 on 7<sup>th</sup> May 2013 and HMS13/0227 on 27<sup>th</sup> March 2013 respectively. The conventions of ethical conduct were rigorously followed and were consistent with The University of Queensland expectations. Necessary and appropriate courses were taken considering that real people were used.

## **Recruitment of participants**

This research worked with four schools and three PE specialists, one who teaches in two schools, consecutively across three months. The four schools were selected based upon a variance of SES to enable a comparison to be made on the nature of health work done in their contexts. The time spent in each school was at least four days per week for a period three weeks.

Upon obtaining ethical approval from the relevant gatekeepers, initial contact was made via email with two PE specialists directly, seeking their interest to participate in the study. The two PE specialists have a working relationship with the university with one being a recent graduate. The study required another participant and the coordinator of a group of PE specialists in a certain district was enlisted. She has a working relationship with the university as well and agreed to assist in advertising the study to a group of PE specialists during their district meeting. The third PE specialist responded to the advertisement and initial contact was made via email. The email sent to the PE specialists included the information sheet (Appendix B) and consent form (Appendix C) for increased understanding of what the study entailed and the time period the study will be held. Upon receiving a confirmation on the PE specialists' willingness to participate in the study, their school principals were contacted via email with the information sheet (Appendix D) and consent form (Appendix C), seeking their approval for the conduct of research to be held in their schools.

Positive replies were obtained and meetings were organised in their schools prior to the observations. The meetings with the PE specialists and their principals were held separately due to their busy schedules. During this initial meeting, the PE specialists and their principals signed the consent forms and clarifications were made regarding the study, including the confirmation on the commencement dates. The PE specialists were reminded of the researcher's presence during the lesson observations and ensured that they felt comfortable with it. The research for the first and second participants officially commenced in the third term of 2013 and the third participant in the fourth term of 2013.

During the conduct of the research, PE specialists were observed from the start to the end of school, at least four days in a week for three weeks, inclusive of playground duties, first aid duties, Friday sport and after school sport.

## **Case study method**

The method for this project will employ the case study method informed by ethnographic approach, which comprises of semi-structured interviews and field observations. The principle of ethnographic approach employed will be the researcher immersing in the school community and relying heavily on the personal interactions with their participants to collect data (Angrosino, 2007). Yin (2009, p. 18) defined case study as “an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context”. The employment of case study method in this project will allow the study of the social phenomenon from the intensive approach (Stake, 2000; Swanborn, 2010). The intensive approach allows the researcher to concentrate on the nature of health work executed in three schools through gaining insights into the details of what health work is conducted by PE specialists (Swanborn, 2010). Case study is a research design, not an approach to the collection and analysis of data and is not limited to the use of qualitative methods. It involves utilisation of a variety of data sources and analytic strategies. Case study method presents itself for an opportunity as a focal point for the examination of the social interaction between the teachers and students, and developing a meaning in order to detail and interpret the social phenomenon (Angrosino, 2007; Swanborn, 2010). This project situates itself being a case study as it is about something “distinctive” – the health work, “specific” – the health work done and “bounded” – involving a community of PE specialists (Armour & Griffiths, 2012, p. 208).

## **Observation**

Observation in the social and behavioural sciences has been described as ‘the fundamental base of all research methods’ (Adler & Adler, 1994, p. 389). In this research project, observations were done in the natural settings of the ‘subjects’, in this case is the school. It is assumed that naturalist observations do not interfere with the participant under observation.

The observation role employed was ‘participant-as-observer’ whereby I was immersed in the school and conducted observation for three weeks and was known to the participants as a researcher (Angrosino, 2007). Permission was obtained from the relevant gatekeepers prior to entry into the school. The relationship of the researcher with the participants was that of a friend and a neutral researcher to ease off any anxieties that may otherwise be present. Nonetheless, I was involved only where necessary to obtain relevant information and allowed the participants and students to be reminded of my researcher role as recommended by Wolcott (2008). Research purposes were explained to the participants and close interactions were established but without participation in the

activities. This minimised influencing the behaviours of the participants and enabled regular and repeated observations of the participants in the school settings.

The observation tool (Appendix E) was prepared using Microsoft Excel prior to the observations. It was guided by the curriculum and informed by the learning outcomes of the HPE curriculum (Queensland School Curriculum Council, 1999). However, the tool was adjusted to suit the environmental circumstances after the first day of observations, which is consistent with reflexivity in the iterative process. The tool was continually adjusted in successive visits to the schools to gather my data. The observation tool allowed for all observations to be recorded according to the time of occurrence, which was complied. The observations were done using an iPad mini with the observation tool uploaded into the iPad mini through iTunes into a purchased app from the App Store called the “QuickOffice Pro”, prior to the observations. Hard copies of the observation sheets were printed as a backup for the observations, but were not utilised. The “QuickOffice Pro” app enabled Microsoft office files to be read and edited on the iPad mini. Additionally, the app allowed for ease of syncing the recorded data back into the computer when the observations were completed.

## **Interviews**

Qualitative interviews allow researchers to gain a more in-depth understanding of their participants’ perspectives. Interviews within a research allow for structured conversations with participants to gather insights, seek clarification and express opinions otherwise not found in documents and demonstrated. The quality of interview is dependent on the relationship between the researcher and the participants. Participants who feel that the researcher values their opinions will be more inclined to increase the transparency in their answers, thus increasing the quality of the interview (Ennis & Chen, 2012).

A semi-structured, one-to-one interview was conducted at the end of the first week during the field observation period. The purpose of this interview was to validate the observations during the field observation. Participants were asked to clarify the work they had been doing in the name of health to ascertain the expectations laid out by both the school and the curriculum. Probing questions were used to seek clarification and ensure consistency in the responses. The iPad mini was used to record the interview using an app “Recorder”, which was purchased from the App Store. The app was trialled after purchase to check for its sound quality and its capabilities to be able to run in the

background whilst the iPad mini had other programs running concurrently. It also enabled the ease of transfer of the recordings from the iPad mini to the computer through iTunes.

An interview schedule (Appendix F) was prepared and included in the ethics applications to the gatekeepers. Careful attention was taken to the phrasing of the questions to avoid being critical and judgmental. The interview schedule aligned with the observation tool and included questions about the socio-cultural history of the participants, their beliefs and perceptions as a PE specialist, their attitude towards health and PE and their time allocated to conducting health education. Modifications to the interview schedule were offered by EQ and their suggestions were taken up. The amended interview schedule was uploaded into the iPad mini, whereby it was referred to during the interview. Whilst the interview was on, the “Recorder” app recorded the interview in the background with the interview schedule file opened for easy access to the questions. Furthermore, I was conscious of my non-verbal gestures that assisted in allowing my participants to feel relaxed and comfortable.

The interview was held on the first week of observations whereby the relationship was sufficiently established to enable honest feedback presented by the participants. Additionally, the interview allowed for further verification to be made through the observations in the following two weeks. The interview was transcribed immediately thereafter and the participants were provided a copy of the transcript of the interview during the second week of observations for their verification and approval of the interview data. On-going conversational interviews were held to understand their roles as health workers and how they deemed themselves to be one. Memo writing was utilised to record the ideas. This form of interview style has been chosen in order for participants to be more open towards the researcher.

## **Data Analysis**

In the analysis, grounded theory was utilised in analysing the data obtained from the observations and semi-structured interviews. Upon completion of the data collection, there was a total of three transcribed semi-structured interviews and 264 pages of observation sheets (Figure 2) recorded from three participants held over a period of three weeks each. In employing the grounded theory approach, I was able to study and interact with the data through an iterative process before the identification of emerging themes relating to health (Charmaz, 2011; Gery & Bernard, 2000).

4) reason for 20 weeks swimming – pool is in e school which came about 25 years ago when parents came together for fund raising. E community values swimming n cos sch is near e river n many Ss cld not afford to send their kids for swimming lessons																									
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V				
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250	Others		1, 2, 3	4, 5, 6		7, 8, 9	10, 11	12, 13, 1	15, 16, 1	18															
251																									
252	Notes:																								
253	1) tr commented tat she saw Ss having many hands on each other n reminded them to have hands n legs to themselves. Ss didn't do e right thing n tr said tat was e first warning n he had to start making good choices from now																								
254	2) tr asked Ss how they spent their holidays n helped a Ss tie his shoelaces whilst listening																								
255	3) tr introduced a new tag game of flush e toilet as many Ss do not flush e toilet esp during swimming for 2 terms, e toilets stink																								
256	4) a Ss was talking when tr was talking n tr addressed it n told Ss it was not good manners																								
257	5) tr saw a group of Ss fighting to free a girl n told e Ss to do it one at a time n checked for e girl's safety																								
258	6) Ss chose someone else to be e taggers																								
259	7) tr gave Ss a water break																								
260	8) tr was asking Ss who was squealing n when a Ss tried to gob a friend, tr said she didn't wanna hear as she wanted to give everyone a chance to be honest. A Ss used her hand which was wet to rub all over e ground n tr said																								
261	doing tat introduces germs to their hands n makes it dirty																								
262	9) tr was gg thru safety issues w Ss whilst handling e bat																								
263	10) tr demonstrated holding e bat n how they were gg to bounce e ball using e bat																								
264	11) tr told all Ss to put their left ear towards e wall n used distractions like ice cream to test their listening skills																								
265	12) a Ss on time out was laughing at his friend n tr told him not to laugh at others as that's not very nice																								
266	13) tr tied shoelaces for a Ss																								
267	14) a Ss was not doing e right thing n tr addressed e Ss n asked e Ss to demonstrate to e tr																								
268	15) a Ss on time out was asked if he was gg to apologise to n get back to e lesson																								
269	16) a Ss got smashed by a bin tat fell over, e bin was where e bats were																								
270	17) tr demonstrated e bouncing of ball using a bat n then hitting upwards n Ss practiced them																								
271	18) a Ss talked whilst e tr was talking n had been given a warning n e Ss had a time out n tr reminded him of his body language																								
272																									

Figure 2: Observation data.

I was absorbed in the observation data comprising of field notes from three participants, likened to a data immersion phase (Tracy, 2013). Subsequently, two stages of coding open and axial coding were applied (Corbin & Strauss, 2008; Neuman, 2011). According to Neuman (2011, pp. 511-512), open coding is “the first coding of qualitative data that examines the data to condense them into preliminary analytic categories or codes”. Axial coding is referred to as “a second stage of coding of qualitative data during which the researcher organises the codes, links them, and discovers key analytic categories” (Neuman, 2011, p. 512). Memo writing was embedded within the open, axial and selective coding.

After the open coding, ideas that were prominent within the data were mapped out as initial themes (Figure 3). The initial themes were recorded using a mind-mapping tool called “mindnode lite”. This tool is a free app available from the App Store and was trialled in the early part of the study for its efficacy in capturing the relevant data. The broad themes that appeared to be prominent at this initial stage were:

- ‘Character development’ to represent teachers contributing to students’ character development with the values they emphasised;
- ‘Health related knowledge’ to demonstrate the health related knowledge teachers wanted to impart to students either for their understanding or to assist them in personal care components;
- ‘Physical health’ to group the various areas of PE teaching the teachers are doing such as teaching games and skills;
- ‘Discipline’ which refers to the disciplinary actions deployed in various circumstances, for reasons related to personal safety, violations to school rules, classroom management or when safety of others are compromised;
- ‘Inclusive education’ to include actions carried out by teachers to embrace various differences such as physical and learning disabilities, gender and culture;
- ‘Safety’, which comprises of safety within the physical environment set by teachers, friends and actual environment, safety that could be affected by actions taken by external parties such as teachers; and
- ‘Psychological wellbeing’, which is responsible for contributing to the mental health of students making them feel comfortable and positive.

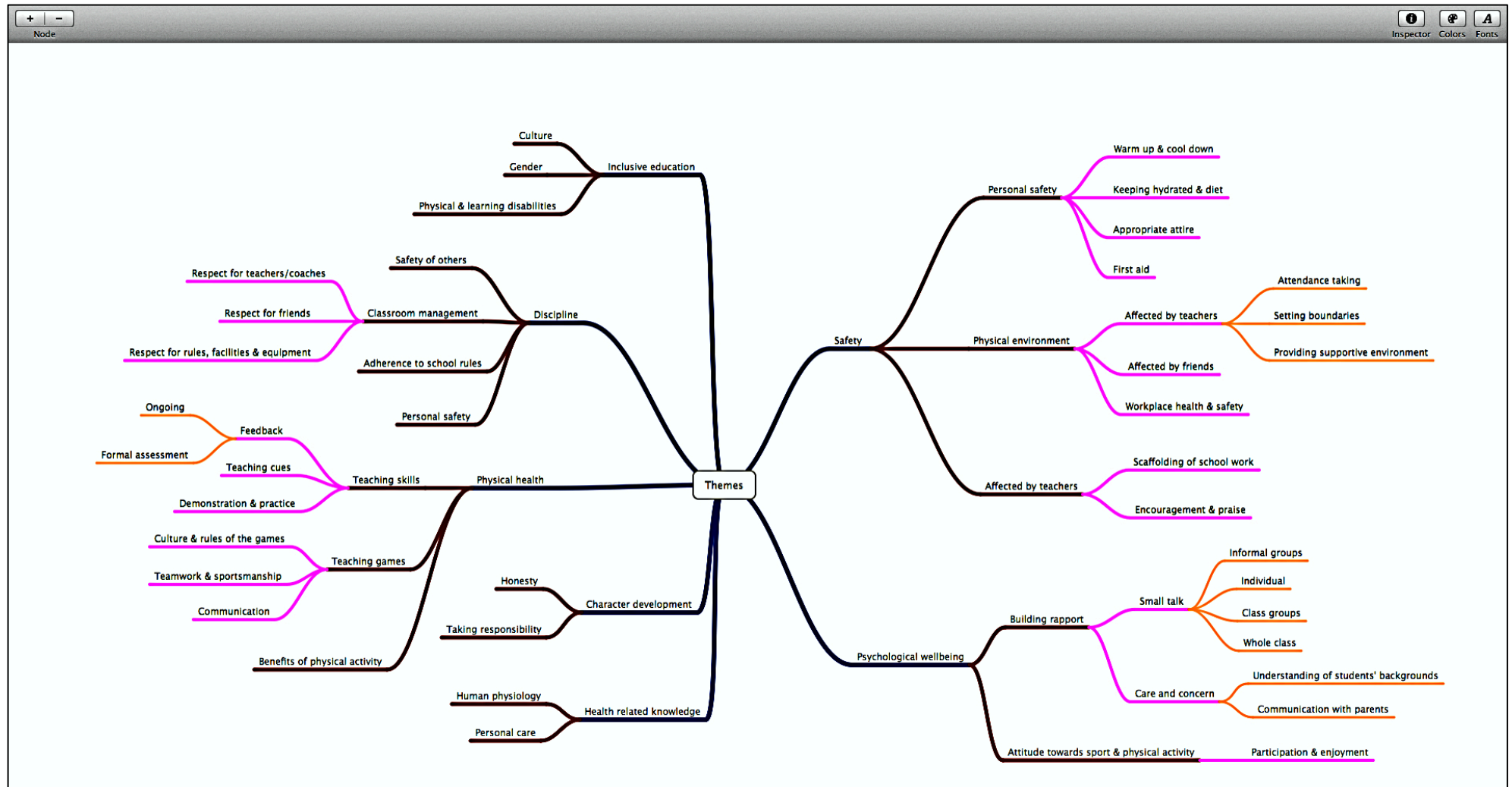


Figure 3: Initial themes.



As analytic questioning continued to be applied in axial coding (Figure 4), the themes noted during the data immersion stage were re-evaluated and categories were formed. From the themes that were mapped out, groups of similar themes were combined to form categories (Auerbach & Silverstein, 2003). The values within 'character development' were found to occur for specific purposes and thus split into two concepts, either contributed during game play or within classroom management in discipline. Similarly, 'health related knowledge' was imparted for either personal safety in terms of keeping hydrated or putting on appropriate attire and thus subsumed in those concepts instead. 'Psychological wellbeing' was reassigned to either psychological safety within the safety category or in the form of small talk to build rapport. 'Physical health' was renamed as 'developing concepts and skills', which was in line with the HPE curriculum and 'inclusive education' was too specific on a certain type of work and thus coded as 'appreciation for others'. Both 'safety' and 'discipline' themes remained. These themes were further grouped into categories, and an attempt was made to align every idea with the learning outcomes of the HPE curriculum both in a mind map (Figure 5) and table form with the specific outcome (Figure 6). At this stage, the categories that emerged were 'safety', 'developing concepts and skills', 'building rapport', 'appreciation for others' and 'discipline'. They were presented in a table form and every recorded item in the raw data was categorised according to the categories (Figure 7). Selective coding was undertaken and attempts were made to include every idea within the field notes. All outliers were revisited and depending on the occurrences, they were either omitted or included as a new idea (Auerbach & Silverstein, 2003).

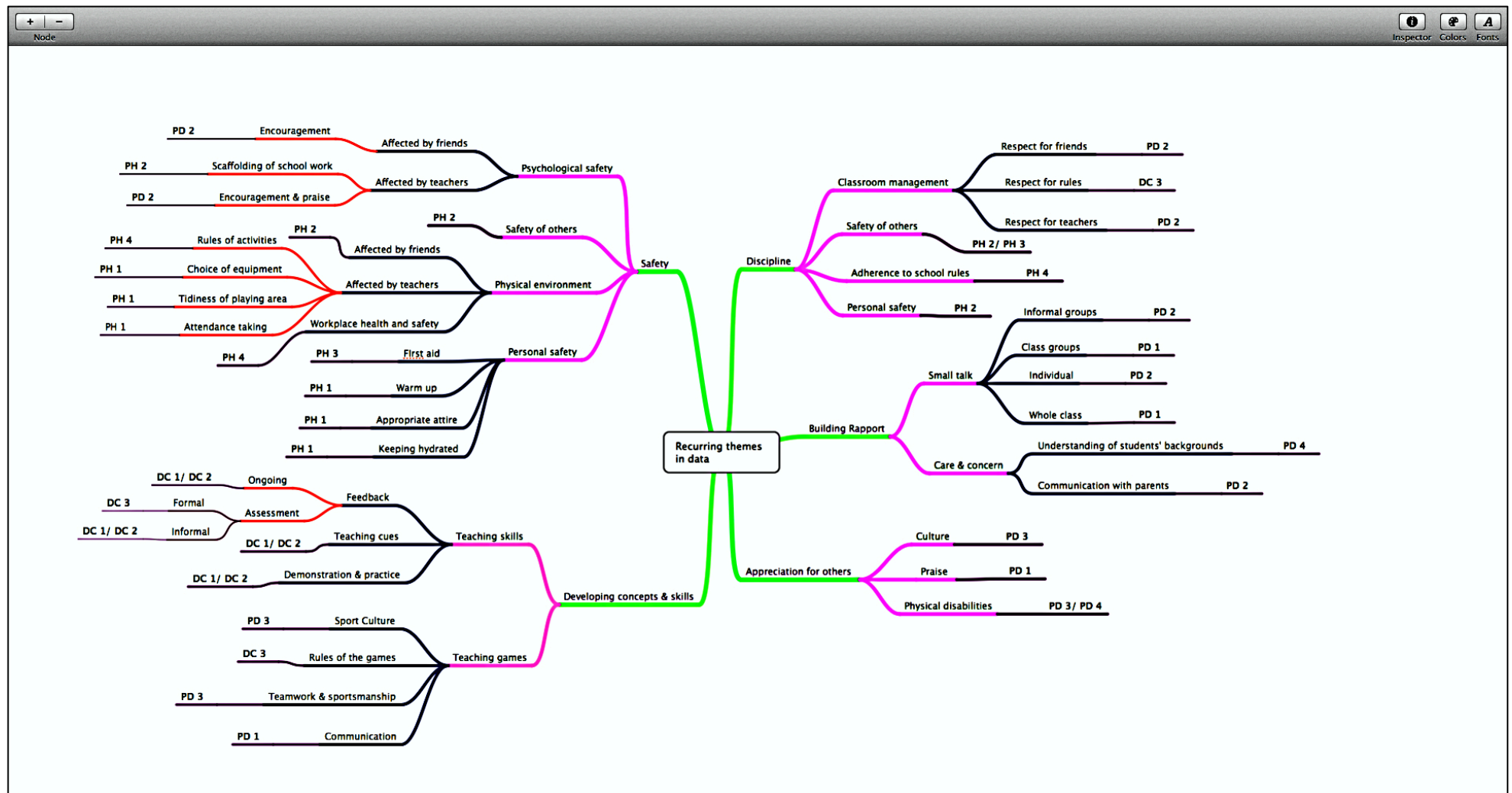


Figure 4: Recurring themes in field notes.

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Safety	Psychological safety	Affected by teachers	Scaffolding of school work	PH 2	Describe & demonstrate actions they can take to promote the different dimensions of the health of themselves & others
			Encouragement & praise	PD 2	Suggest & demonstrate actions, behaviours & attitudes that support positive interactions with family, special people & friends
		Safety of others		PH 2	Propose & demonstrate ways to promote personal safety & the safety of others
	Physical environment	Affected by friends		PH 2	Recommend ways they can care for their environments to promote & protect their health
		Affected by teachers	Rules of activities	PH 4	Identify aspects of their social & physical environments that enhance, or pose threats to their health, & plan strategies for achieving healthy environments for themselves & others
			Choice of equipment/ playing area	PH 1	Decide which people and things make environments & activities safe
			Tidiness of playing area	PH 1	Decide which people and things make environments & activities safe
			Attendance taking	PH 1	Describe and demonstrate everyday actions that they can take in a range of situations to promote their health
		Workplace health and safety		PH 4	Identify aspects of their social & physical environments that enhance, or pose threats to, their health, & plan strategies for

1

Personal safety	Keeping hydrated		PH 1	Describe & demonstrate everyday actions that they can take in a range of situations to promote their health
	First aid		PH 3	Identify potentially hazardous situations & demonstrate actions to respond to unsafe & emergency situations
	Warm up		PH 1	Describe & demonstrate everyday actions that they can take in a range of situations to promote their health
	Appropriate attire		PH 1	Decide which people and things make environments & activities safe

Developing concepts & skills	Teaching skills	Feedback	Ongoing		DC 1/ DC 2	Can demonstrate a variety of fundamental movement skills/ Can perform simple combinations of <u>locomotor</u> & non- <u>locomotor</u> skills
			Assessment	Formal	DC 3	Perform movement skills & sequences to meet the requirements of different physical activities & tasks
		Teaching cues	Assessment	Informal	DC 1/ DC 2	Can demonstrate a variety of fundamental movement skills/ Can perform simple combinations of <u>locomotor</u> & non- <u>locomotor</u> skills
					DC 1/ DC 2	Can demonstrate a variety of fundamental movement skills/ Can perform simple combinations of <u>locomotor</u> & non- <u>locomotor</u> skills
					DC 1/ DC 2	Can demonstrate a variety of fundamental movement skills/ Can perform simple combinations of <u>locomotor</u> & non- <u>locomotor</u> skills
					DC 1/ DC 2	Can demonstrate a variety of fundamental movement skills/ Can perform simple combinations of <u>locomotor</u> & non- <u>locomotor</u> skills
Demonstration & practice			DC 1/ DC 2	Can demonstrate a variety of fundamental movement skills/ Can perform simple		

2

Teaching games	Sport culture		PD 3	combinations of <u>locomotor</u> & non- <u>locomotor</u> skills
	Rules of games		DC 3	Develop & implement strategies, including codes of behaviour, to promote relationships in various groups & situations
	Teamwork & sportsmanship		PD 3	Observe rules & demonstrate an awareness of others in play & simple games
	Communication		PD 1	Demonstrate communication, cooperation & decision making skills to collaborate in social, team & group situations

Adherence to school rules			PH 4	Propose ways of responding to situations & behaviours that are unsafe, harmful or risky, after assessing options & consequences
	Personal safety		PH 2	Propose & demonstrate ways to promote personal safety & the safety of others

Class groups	Informal groups		PD 2	Suggest & demonstrate actions, behaviours & attitudes that support positive interactions with family, special people & friends / Demonstrate verbal & nonverbal skills to express ideas, needs & feelings & to show consideration of others
			PD 1	Identify relationships they experience in their daily lives & can

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Figure 5: Categorisation of learning outcomes with field notes.

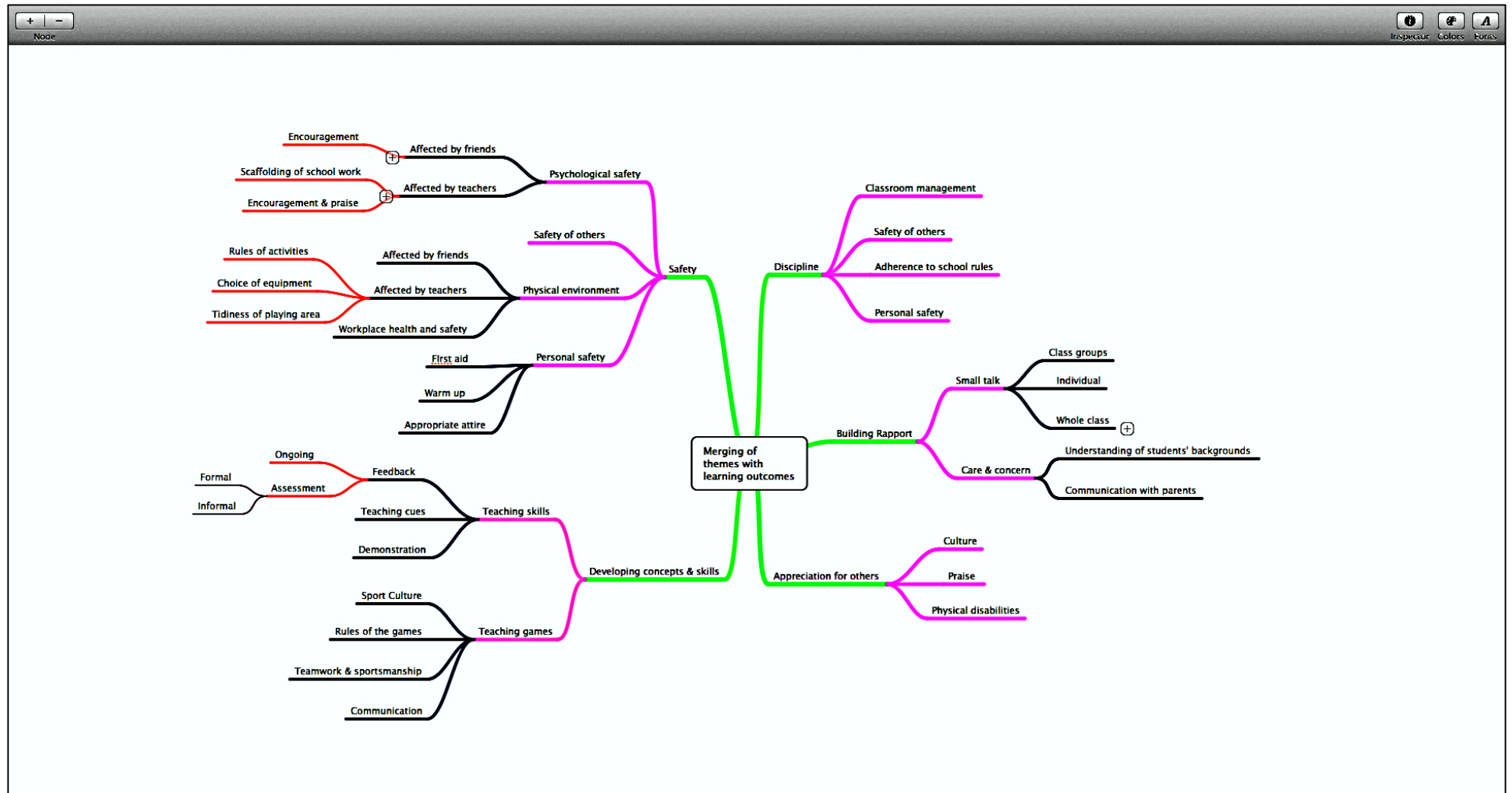


Figure 6: Merging of field notes themes with learning outcomes.



Upon completion of categorising the field notes, I began categorising the interview data using open and axial coding. The process taken to code the interview data was parallel to the process undertaken whilst categorising the field notes. After open coding was done, the common themes that emerged were grouped into categories and presented in a mind map (Figure 8). The categories that were prominent were 'developing concepts and skills' in the form of the benefits of physical activity and components of fitness, personal safety and physical environment represented by 'safety', emphasis on honesty and taking responsibility in 'character development', health knowledge related to personal care, effects of physical wellbeing on mental health, human physiology, nutrition facts and sleep categorised under 'health education to be passed on', attitudes toward sport and physical activity and rapport building were grouped under 'psychological wellbeing' and their reason for joining teaching. Thereupon, I ensured that every idea within the interview data was included. Ideas that were not categorised were relooked and omitted when required. The categories from the interview were further linked with the outcomes in the HPE curriculum (Figure 9).

Following the categorisation of both the field notes and interview data, I reviewed both categorisations and the interview data was combined with the field notes categorisation where new themes were added into the table of the field notes (Figure 10). This was done instead of merging the field notes data into the interview data as there were more categories within the field notes than the interview data. At this stage, the categories that emerged were 'safety', 'discipline', 'health education to be passed on', 'developing concepts and skills', 'reason for joining teaching', 'psychological wellbeing' which was retrieved as a category with 'building rapport' as a theme, 'character development' which was resumed as a category and 'inclusion' instead of 'appreciation for others'.

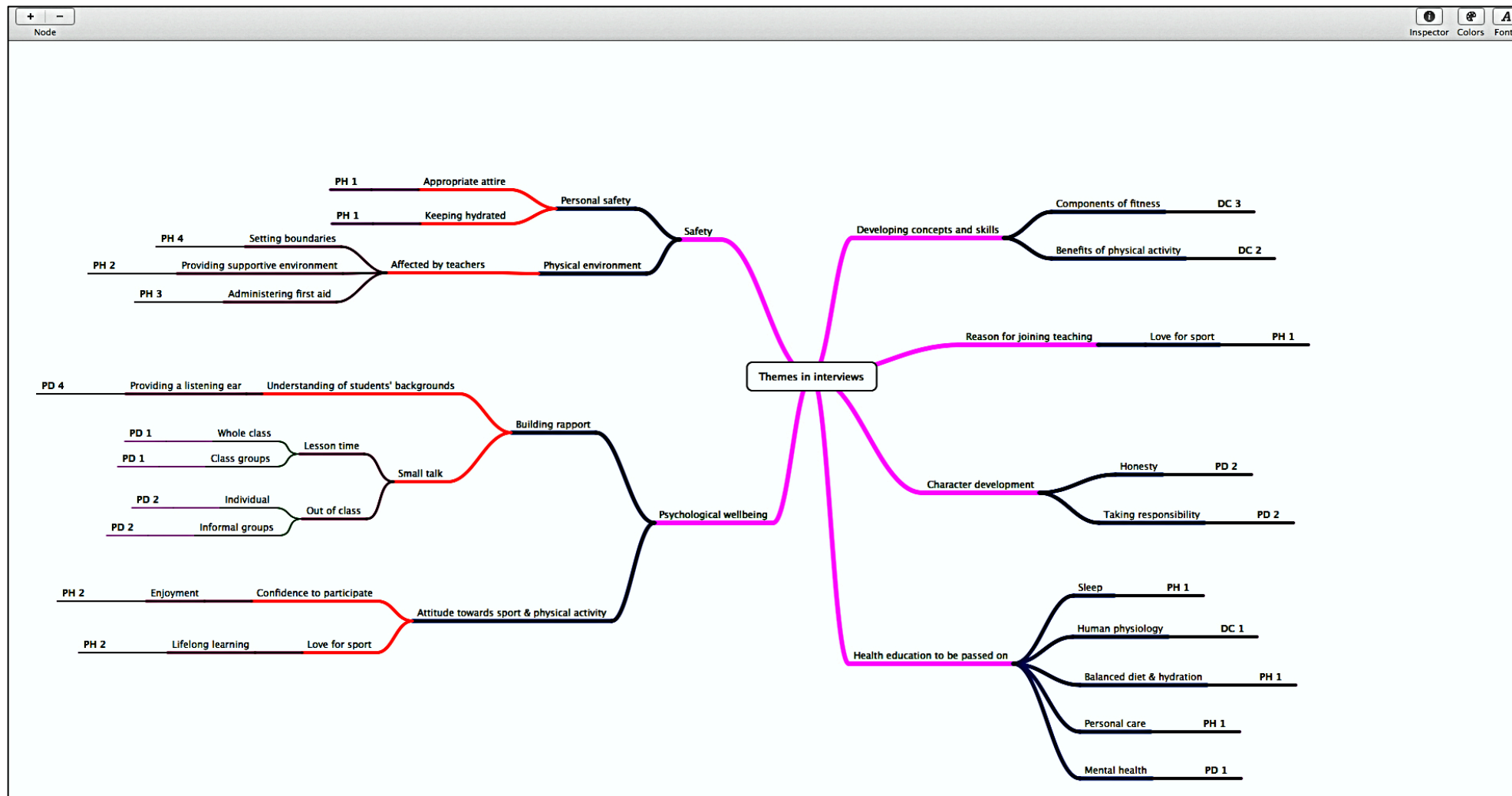


Figure 8: Themes in interview data.



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Safety	Physical environment	Affected by teachers	Setting boundaries	PH 4	Identify aspects of their social & physical environments that enhance, or pose threats to, their health, & plan strategies for achieving healthy environments for themselves & others
			Providing supportive environment	PH 2	Recommend ways they can care for their environments to promote & protect their health
			Administering first aid	PH 3	Identify potentially hazardous situations & demonstrate actions to respond to unsafe & emergency situations
	Personal safety	Keeping hydrated		PH 1	Describe & demonstrate everyday actions that they can take in a range of situations to promote their health
Appropriate attire			PH 1	Decide which people and things make environments & activities safe	

Developing concepts & skills	Components of fitness	DC 3	Describe what it means to be fit and demonstrate activities that promote health-related fitness	
	Benefits of physical activity	DC 2	Identify physical activities in which they, their friends, & their family participate, & suggest reasons for different choices	

Health education to be passed on	Sleep	PH 1	Describe & demonstrate everyday actions that they can take in a range of situations to promote their health	
	Personal care	PH 1	Describe & demonstrate everyday actions that they can take in a range of situations to promote their health	
	Human physiology	DC 1	Describe the physical & emotional effects that result from their participation in a variety of	

1

Mental health	PD 1	vigorous, whole-body activities	
		Describe themselves in personal, family & community terms, including the activities & achievements that give them positive feelings / Identify relationships they experience in their daily lives & can demonstrate the behaviours appropriate for these	
	Balanced diet & hydration	PH 1	Recommend health eating practices and demonstrate making healthy choices from a range of foods

Psychological wellbeing	Building rapport	Understanding of students' backgrounds	Providing a listening ear		PD 4	Explain how factors, including challenges & inherited characteristics, influence physical, social & emotional growth & development
		Lesson time	Whole class		PD 1	Demonstrate basic speaking, listening, sharing & cooperation skills to interact effectively with others
			Class groups		PD 1	Identify relationships they experience in their daily lives & can demonstrate the behaviours appropriate for these / Demonstrate basic speaking, listening, sharing & cooperation skills to interact effectively with others
		Out of class	Informal groups		PD 2	Suggest & demonstrate actions, behaviours & attitudes that support positive interactions with family, special people & friends / Demonstrate verbal & nonverbal skills to express ideas, needs & feelings & to show consideration of others

2

Attitude towards sport & physical activity	Confidence to participate	Enjoyment		PH 2	Describe & demonstrate actions they can take to promote the different dimensions of the health of themselves & others
	Love for sport	Lifelong learning		PH 2	Describe & demonstrate actions they can take to promote the different dimensions of the health of themselves & others

Appreciation for others	Culture	PD 3	Different ways of describing people influence their own & others' identities & relationships	
	Praise	PD 1	Describe themselves in personal, family & community terms, including the activities & achievements that give them positive feelings	
	Physical disabilities	PD 3 / PD 4	Identify physical, social, intellectual & emotional changes associate with growth & development, & recommend ways to promote their own growth & development / Demonstrate skills & actions that support the rights & feelings of others, while adopting different roles & responsibilities in social, team or group activities	

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Figure 9: Categorisation of learning outcomes with interview themes.



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I reviewed the chart with field and interview data and the occurrences for each idea, theme and category. The categories were examined and further streamlined to 'curriculum work', 'curriculum related work', 'policy work' and 'health related caring teaching'. 'Developing concepts and skills' was incorporated into 'curriculum work', which refers to work that is the primary responsibility of the PE specialists, included in both the curriculum and union documents, and executed during stipulated curriculum time. 'Discipline', 'inclusion', 'safety during duty' and 'health education to be passed on' were subsumed under 'curriculum related work', which includes work that is indirectly related to the curriculum work, but aids in the conduct of the curriculum, not mandated as part of the responsibilities of the PE specialist and incorporates health work executed. 'Policy work' includes work that is stipulated and mandated by policy makers such as "Sun Safety" and "Eat well, be active". 'Health related caring teaching' had the inclusion of categories 'psychological wellbeing', 'character development' and 'safety' out of their official duties. It refers to observations recorded indicating caring teaching that manifests through health related actions assumed by the teachers that were not required to perform. Utilising selective coding, 'Reason for joining teaching' was omitted due to the number of occurrences within the data that was once per participant. Nonetheless, this idea was included in the descriptions of the experiences of the participants. Individual teacher categorisations were created according to these categories and an example from case study one is shown (Figure 11). These categories will be presented as headings in the case studies in the following chapter with examples and evidences from either the interview data or the field observations.

The triangulation of qualitative data sources was employed where the consistency of data collected at the different times were compared and contrasted against each other, i.e., the observational data in the form of field notes and categorisations, together with the interview data and the data compared across the three participants (Neuman, 2006, 2011; Patton, 1999). Additionally, the interpretation of the data was triangulated with my supervisors. The results were presented in thick descriptions and detailed elaborations of the research assumptions and context which the interpretations were made (Geertz, 1973; Mills et al., 2008).

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Figure 11: Case study 1 categorisations.

## Chapter 4: Findings

### Introduction

The three PE specialists' case studies below have been presented in a similar manner beginning with a brief introduction of each PE specialist's educational background and the influences that have led them to teaching. Their beliefs, perceptions and what they hope to achieve as a PE specialist are included as part of the introduction. Thereafter, the work that has been observed and recorded has been presented according to four major themes: curriculum work, curriculum related work, policy work and health related caring teaching. These categories have emerged through a rigorous iterative process as previously demonstrated in chapter three and are informed by the data collected. The three cases are presented according to the framework I have devised and the presentation style allows for comparison across them.

### Case study 1

#### Introduction

Eve (a pseudonym) is a 54-year-old Australian female, having teaching experience for a total of 22 years with 12 years in her current school, located in a high socioeconomic metropolitan region of Queensland. She loves sport and has participated in various sports since she was young. This led her in wanting to be a PE teacher from the age of 12. Nevertheless, her parents felt that her love for sport did not necessarily mean she needed to have PE teaching as a career, where they feared she might end up hating sport and hence prevented her from pursuing this pathway. At the age of 26 years old, Eve's passion for PE teaching remained and she enrolled into university as a mature age student for initial teacher training. Since then, she has never looked back.

Eve's initial passion she has for PE teaching was incited as she articulated,

*“So that's still always what I wanted to do. But I think, just that, that idea of being outside, passing on information, um, watching people learn, particularly kids and just the fun of kids, so pretty much.”*

She further elaborates on the hopes she would like to achieve for her students as a PE specialist. Eve envisions herself contributing to her students through helping them develop an attitude of lifelong learning towards sport and physical activity by equipping them with the variety of sports that will enable them to persist in the engagement of something physical into their adult life.

*“Ah I love sport, I love physical activity um, that that they feel confident enough to be able to have a go at anything and everything. Um and through the program do here that that we do here that um they develop um an attitude of lifelong learning towards sport and and physical activity. It doesn't and it doesn't have to be something competitive, I mean there's heaps of kids who aren't competitive but through the swimming program that something they can do, you know, till the day they die and to maintain fitness and good health. Um, likewise with our intra school program where the kids do badminton and table tennis and and normal tennis, um their low-key sports and again they can do in life for a long time. Um, and and just giving them the variety that enables them to to want to continue to do something. To do something physical and then into their adult life.”*

She believes in the positive association between physical and emotional health and desires to impact her students with the benefits of physical activity.

*“Yeah! Absolutely! Yeah, the benefits of physical activity, um, in regard to their health and wellbeing. Yeah, not, not just health and not just fitness but that whole wellbeing thing and and the effects of that exercise has on your moods and your you know all of that um physiological aspect of it as well as neurological. Um that it's it's not just about um being fit, cardiovascular wise, it's not just about having good muscle tone, but it's about um appreciating the fact that exercise and physical activity um helps in your day to day attitude, happiness, sadness, all of that sort of stuff. Yeah! Yeah and so it's a whole body, whole body experience as opposed to just you know, doing something physical because you're part of a team, that's one aspect of it. But it's also just if you wanna go you know, do bike riding everyday, that you've got the physical capability to be able to do that which then helps the neurological aspects in your life so far as moods and and happiness and depression and sadness and and all that stuff goes that that physical activity can can um you know, lift you and and feel good about yourself in different ways.”*

When questioned about how Eve considered herself to be a teacher of health as well as PE, she responded with,

*“Um, definitely more of a teacher of the physical activity, but I like to think, um, through the limited opportunity I get to pass on to kids about the benefits of physical activity and and being healthy and and healthy eating and healthy lifestyle that um through their years here at the school and and through their classroom that they they get the benefits of learning what those things are about that, um what affects your health and what doesn’t affect your health. Um, but I certainly don’t have the amount of time that I would like to have um because I do enjoy that side of it as well.”*

Eve positions herself as a role model and hopes that her attitude will positively influence her students.

*“Um, I like to think big influence. I like to think that my attitude, um rubs off on them. That that they, if I’m enjoying it, and having fun, that’s really important to me. Um, that I, I can give them the, the feeling about themselves that it’s ok to have a go and it’s ok to not be able to do it but as long as you keep trying, and you don’t give up, that’s the important thing. So yeah, so that’s really important to me that that my attitude um of having fun with physical activity and fit and healthy rubs off on them, which is then part of the lifelong learning stuff that that I wanna try and impart on them. Um but yeah, that’s that’s probably the guts of it.”*

She conjectures that she delivers many other aspects other than merely teaching sports. These aspects include building the relationship with her students and implicitly teaching values such as honesty and taking responsibility. She invests time to develop trust in her relationship with her students and this can be evidenced in her actions of spending time to build rapport with her students.

*“Yeah, there’s there’s a lot of aspects. I don’t just teach sport like a I like to bring lots of different elements into it and if it’s driven by the kids, it’s not driven by me, teacher, it’s driven by the kids and so yeah, if a kid brings something up, there’s a reason that kids brought that up and if it’s appropriate to be discussed, well I’ll take five minutes to discuss it. Um and that I enjoy that aspect of it as well because you get to know the kids better and they, I don’t want them to see me as the teacher and them the kids. I want us to be in this together, that it’s something we all do together and um they know that um what’s, if there’s something going on with them that it’s important to me. Conversely that if I come to school and I’m sad, or you know, there’s something going on here that’s made me upset, the kids can see that I’m upset, I’ll discuss that with them because that helps them to develop that trust and the the relationship that I have with the kids and the kids have with*

*me and also being fair and and honest. That that is being fair to the kids, um is extremely important to me that I, you need to hear them out, you need to hear both sides of the story and um even if it's another teacher who's wronged the kids, I'll listen to the kids and if I know the kids are right and the teacher's wrong, I'll go in and back for the kids and that's really important for me and you know you know that's part of my teaching philosophy and and how I interact with the kids that you want something to talk about, we'll talk about it. And and I think that sort of stuff comes up everyday. It's not to shut them down as and they'll think well you don't want to listen to me, that's really important to me that they don't get shut down."*

When Eve was questioned about the estimated amount of time she spent on average per week on health related work, she maintained a modest amount of 20% of her time. Her concept of health work includes diet, personal care, personal relationships, safety and anything that affects the wellbeing or ability to function on a daily basis. She further emphasises the importance of sleeping, hydration, striking a balance between activity and sedentary behaviour and progressed to include mental, social and physical health. Eve mentioned that some elements relating to health could affect the students at a later stage of life, such as puberty and sex education, and those that were applicable regardless of their age, such as safety, being happy, eating and sleeping well.

Eve takes pleasure in her work to the extent that she equates fun to her job. Her gratifying relationship with her students established upon mutual respect has provided her an added advantage of not spending unnecessary curriculum time on classroom management. She was observed to have shown tremendous understanding of her students through informal conversations as well as communication between herself, her students and their parents. Eve's comprehension of most of her students authenticates the time she has spent on establishing her relationship with them and their parents. She is kept informed of any medical conditions they may have which may or may not affect them physically, to facilitate emergency assistance and catering activities to their abilities. Her interaction and communication with them and their parents has increased her understanding of their character and their family background. As the only PE specialist in the school, this denotes that she teaches every student in the school and would have taught the students through their primary school life from prep to Year 7. Consequently, she has come to know every one of them better after investing her time to have some acquaintance with them.



## **Curriculum work**

Eve's typical lesson begins with a warm up which involves some form of running either by itself, incorporated within a game or review of skills required for that lesson. Eve teaches manipulative skills, fundamental movements, locomotor, non-locomotor skills, athletics, swimming, and various sports to her students. Different year levels have different sports that they learn every year with modified rules in place to cater to their ability. She incorporates values such as teamwork, adherence to rules, discipline, respect for referees' decision and fair play whilst teaching sports to her students. Swimming is valued in the school by the parents and school management. Eve conducts two terms of swimming per year during spring and summer within the school. This caters to the multi-cultural background of the students within the school who may not know how to swim, which is deemed essential in the context of coastal Australia. The swimming pool in the school was a result of the efforts of the parents and community in the 1950s who fundraised to obtain sufficient funds to build it so that students could learn how to swim during their PE lessons in school.

When teaching a new skill or game, in order to ensure satisfactory practice, Eve provides regular feedback to students both individually and as a class depending on the situation. Feedback relating to strategy and execution are continually furnished to facilitate learning to take place.

Other than teaching skills that is required of the curriculum, safety is an aspect of paramount importance. Eve's work in school as part of her curriculum hours includes her involvement in the school's workplace health and safety committee, having first aid duties twice a week and before school morning duty once a week. She is deployed to undertake first aid duty twice a week where she positions herself in the first aid room and attends to students who are referred to the room for treatment. She assesses the conditions of the students and ascertains the next course of action to undertake. Additionally, Eve is involved in before school morning duties. The morning duty requires her to be concerned with ensuring students adhere to the rules and boundaries set by the school, whereby students are required to sit down to read or chat with friends instead of running around. There is a designated area around the fig tree where students congregate, avoiding areas like the staircases, playgrounds, oval and classrooms. She ensures students' safety through reminding them to walk instead of run and avoid sitting at areas where they could potentially be stood on, such as walkways and staircases.



## **Curriculum related work**

Eve's universal rules across her lessons are "fair, fun and safe". Checks are made and advice is provided to ensure students have the appropriate attire including hats, shoes, shorts and jumpers etc. There have been repeated occasions of Eve tying shoelaces for the younger students and reminders given to the older students to tie their shoelaces. Scheduled water breaks are provided for the younger students, safety measures taken to ensure students do not play and wet themselves at the bubblers. Explanations are made to students that if they wet themselves, they would fall sick easily. Students who are not keen to take water breaks are mandated to take them when the activities have been intense and the weather deemed to be hot. Eve would then elucidate her rationale for doing so. Older students requiring water breaks are permitted to take them at their discretion as the bubblers are located right outside the hall.

Eve's emphasis on safety can be evidenced in her lesson planning. This area is demonstrated in rules of the activities and activity boundaries set clearly defined with demonstrations. Adherences to these safety concerns are valued and violations result in a warning and subsequently a time out. The positioning of students during activities are observed where students are adjusted when they are seemingly in a compromised position where they could be hit by oncoming balls from other teams on the oval. Whilst having activities in the hall, Eve demands students return to their group after executing the skill on the red portion of the hall, which runs along the side-lines. This is to avoid any clashes with oncoming students. Equipment and implements are kept away neatly after every lesson so that both groups of outgoing and incoming students do not step on them and injure themselves. When a new implement such as a cricket bat or softball bat is introduced, the proper way to handle them is demonstrated and students reminded about the dangers of the implement being thrown or swung at someone. A safety zone is taken into consideration and students waiting for their turn to bat have to stay within it.

As one of the more experienced first aid teachers, Eve is consulted out of her first aid duty hours as well, when teachers are unable to ascertain the injuries of the students. During the observation period, two instances were recorded, once; a teacher stopped her by the corridor to assist in removing a staple from a student's finger. In another instance, whilst in the midst of a lesson, she was approached to assist in assessing a student's arm, which was suspected to have been broken. Other than treatment for the students, she is also consulted by parents for advice, on the best action to proceed for their children's injuries.

Eve teaches values and skills that will aid in the delivery of curriculum work. The values education incorporated emphasises on honesty and being responsible. These values are the fundamentals built upon her relationship with her students. In situations where mistakes are made, students are given opportunities to be honest and encouraged to take responsibility for their actions. In some instances where students have refused to stand up to their mistakes, she would ask the students in the class who may have witnessed the incident to state what they had seen. In such cases, those students who did not admit their mistakes are reprimanded more severely than if they confessed.

In her unit for Year 7 students, she incorporated empathy and appreciation for visually impaired students. This unit of lesson ensued from a couple of visually impaired students within the school and Eve felt it was essential for the mainstream students to comprehend and appreciate these students. Students were provided with blindfolds and balls with bells and were introduced to the Paralympic sport of goal ball. She had lead up activities to get students accustomed to being blindfolded and learning to trust their peers. In order to enhance their trust for their peers who were in charge of guiding them during the activities, students were at liberty to choose their own partners and encouraged by Eve to choose someone they could trust.

Classroom management aids in addressing undesired behaviour such as when students perform actions that compromise their own or others' learning and safety. These inappropriate behaviours such as disrespect towards her, equipment, physical environment and their friends are addressed through advising students not to do them again, reprimanding them depending on the implications of their actions and giving time outs, which excludes them from the activity for a certain amount of time. She advises students who are constantly late for school to be punctual, encourages them to motivate themselves during lessons and embeds health related messages in her teaching. For example, Eve introduced the game of 'flush the toilet' to the students and emphasised flushing the toilet and washing their hands after use, where the actions are incorporated in the game. Students who are tagged will adopt a stance that resembles a toilet bowl and can be released by their friends who will take on the role as toilet users. They will be required to 'flush' the toilet and wash their hands before their friends can be released. She continued by reiterating the importance of keeping the toilets clean and maintaining their personal hygiene through washing their hands especially during the terms when they do swimming in school. She related the maintenance of clean toilets to her experience during swimming terms where the toilets reeked of urine.

The rapport Eve has built up with the students draws out their desires to share their experiences with her. They are incessantly eager to share their weekend and holiday activities with her either at

the start of the lesson or along the corridors. However, whenever they mention about playing computer games or any technology related activities, she chances upon these opportunities to inspire them to head outdoors for physical activity instead. Furthermore, she would suggest places for them to engage in those activities like the playground or the park.

### **Policy work**

A portion of the work, mainly ‘Sun Safety’, Eve does is policy work. She ensures that every child has a hat during outdoor lessons and maintains the ‘no hat, no play’ rules. Students without hats were not permitted to participate in the lessons. Furthermore, another policy, ‘Smart Choices’ is demonstrated where students were constantly reminded to keep themselves hydrated through the provision of water breaks at the bubblers. Students who did not want to drink during the breaks were told by Eve the importance of keeping themselves hydrated and she would make it mandatory for them on days when it is hot and humid.

### **Health related caring teaching**

There is a significant amount of work Eve does that is categorised as care that she has shown to her students. This category is not a requirement on any part of the curriculum but is a representation of Eve’s commitment to her students. Her care for them would range from their physical health to their psychological health. The commitment she has demonstrated is reflected in her comprehension of her students and their family backgrounds including communication with their parents.

Eve’s knowledge of her students was corroborated when she was questioned about a student’s relations to another and Eve immediately knew that the particular student at issue was an only child whilst the other student’s sister was in Year 9. She was cognisant of the medical history of a student who was underdeveloped and had to be fed through a feeding tube and thus had his gross motor skills affected. In another lesson, a student attempted to excuse herself from lesson using illness claims, Eve indicated to the student that she had a conversation with her mother and her mother articulated to Eve that if her child were unwell, she would personally inform her.

It was observed that after a lesson, she spent time talking to an overweight student to monitor his lunch for the day and offered advice on his food intake. She motivated the student to eat healthily so that he could lose weight. Eve later shared about some strategies the school management, together

with the teachers, have undertaken to increase his physical activity whilst in school. Collaborations have been made with his parents and advice provided to increase his physical activity and control his diet.

During Eve's first aid duty, there was an occurrence when the parent picked up her child due to her injury; she sought Eve's advice on the next course of action she should undertake for her child. Eve observed a possibility that the student's ankle injury could be caused by her shoes and told the parent so she could monitor and perhaps consider purchasing a new pair of shoes that would fit her child better. This demonstrates the trust the parents have in Eve.

During winter, after students had completed their warm up, she urged students to remove their jumpers and explained that they should do it so that they do not fall sick. After the lesson, she would remind them to put their jumpers back on before they leave the sports hall. When water break is provided to the younger students, Eve reminds them not to play at the bubblers and wet themselves as they may feel cold and fall sick. Students who wet themselves are given a time out and told to dry themselves before they are permitted to resume participation in the lesson.

In one of the lessons observed, Eve saw a student with his jumper all over him and instructed him to put it away before he slipped on his jumper. Throughout the observations, she is constantly seen helping younger students tie their shoelaces when they come loose and she would explain to them the consequences of tripping over their shoelaces. For the older students, she would prompt them to tie their shoelaces and ensuring they do it before they continued with the activities.

Eve is observant towards her students and has informal conversations with them whenever she can. In one of these conversations during her before school morning duty, Eve knew a student was moving to Cairns and she helped to allay the student's fears by having a chat with her asking if her family was moving up with her. She reassured the student and told her that she would adapt quickly and be able to find her new group of friends. There was another instance where she knew that a student had lost his best buddy and Eve asked the student how he was coping with it. Eve noticed when a student had a band-aid on her nose and asked what the student did to injure herself. On another occasion, Eve remembered seeing a student limping the other day and when she saw the student, she asked him what had happened and he said he got injured from rugby.

A student had been absent for a while and Eve noticed when he returned and asked him where he had been. The student told her that he was hospitalised due to a fractured scapula. Eve then asked if

he had fully recovered. Another student had been away from school for a while and Eve was aware he had been at the hospital school due to his brother having cancer. Thus when he returned back to school, Eve welcomed him back.

Furthermore, Eve mentioned about getting a student classified so he could compete within the district with other students with cerebral palsy, as the student had gotten discouraged after continuously losing competitions with other students who are able-bodied. There was once she noticed a student looking tired and was late for school. She asked the student what had happened and she said that her younger brother kept the whole family up and thus they did not have much sleep and woke up late. She would take time to get to know new students in the classes asking them where they were from and getting students in the class to make them feel welcome. She often takes time to ask students how they spent their holidays and increases their awareness through asking them about current happenings such as state of origin and the birth of Prince George. She noticed a student's hair was getting long and asked him if he wanted to keep it long. He replied yes and Eve took the opportunity to advise him that the commitment required keeping his long hair clean and brushing it daily to prevent tangles.

The work Eve does is not constrained to the demands of the curriculum and policy alone but extends to related work that assists in the delivery of the curriculum. Often, the extra effort she puts in is inspired by her passion for teaching and educating the younger generation.

## **Case study 2**

### **Introduction**

Chris (a pseudonym) is a 42-year-old female from Poland. She undertook her studies, including her initial teacher training in Poland. She describes herself as one who loves sport and has always been sporty and that formulated part of the reason why she decided to study PE. Chris loves both PE and biology and found herself torn between both choices when she first embarked on her application for tertiary courses. She went to the open day of the university she would have studied biology and perceived the atmosphere to be too dull. It was then she decided on the pursuit of PE in another university and undertook two majors, PE concurrently with active tourism. Upon completion of university, Chris was still unsure on what she liked to do and starting teaching in Poland. Consequently, the opportunity she had in school ignited her passion for teaching.

*“When I finished uni, I wasn’t sure what where I liked to do but when I started teaching in Poland, it was very rewarding and I thought, you know, this is fantastic to let those kids, give them as much knowledge as as you can, plant that bug of you know trying to be fit, trying to stay fit....”*

After three years of teaching in Poland, Chris moved to South Africa, planning to learn English, seek a job in tourism and staying there for a couple of years. However, she needed to know a couple of native languages other than English in order to work in tourism, hence she ended up studying English only. She met her current husband in South Africa and they had two children. Eventually, they decided that it was not an ideal place to raise their children and moved to Australia in 2005. Upon arrival, Chris managed to transfer her teaching qualifications from Poland and started doing supply teaching. She commenced supply teaching in the outback schools where she had to do classroom teaching on top of PE. Chris did that for three years before moving to Brisbane and continued doing supply teaching. Subsequently, she was offered a contract to teach in a high school for half a year and then another contract in a primary school for two and a half years. She did a combination of PE and classroom teaching during these times. She continued to do supply teaching after her contracts ended. It was in the past year that she managed to obtain permanent work as a primary PE specialist in the two schools where she currently straddles across. She spends two days in a week in each of the schools, teaching for a total of four days a week in both schools. Both schools are situated in the low to mid socioeconomic status but are very diverse with one school specialising in students with special needs.

Chris’ beliefs in teaching as she expresses them are as follows,

*“... I think that um passing information, passing the ways, it’s actually passing, trying to teach them different way of lifestyle and seeing that they’re really getting into it and enjoying it, like you know, teach them basketball and they all playing basketball now. Nobody used to play basketball in this school before. Now, everyone is doing it. And that is just, makes you feel so good, it’s so rewarding, it’s just fantastic.”*

Chris perceives her achievement in her students through their increased involvement and heightened attitude towards sports. She is their role model and desires to introduce a broad spectrum of sports to her students so they will continue to enjoy physical activity.

*“... I mean I want them to look at me and see. Wow, they all come to me for example someone asked what are my favourite sports. So I’ll tell them all but all different ones and they said oh, so you don’t have one favourite one. I said no, I like to do everything a little bit, just move, have fun, you feel good, you you enjoy, you laugh more if you’re active. And, that’s what I can see often. And their skills too, it’s my achievement and, seeing them excelling in things is also. But on the other hand, I’m I’ve said that we’ve got so little time to teach them. But still, even that half an hour a week, I can see the difference in their approach towards PE and sport. Um, after a couple of months of working with the students so it’s it’s, yeah, it’s really gratifying thing.”*

She endeavours to positively motivate them towards doing physical activity and drawing them away from the television and technology, which is deemed to hinder outdoor activities.

*“Yeah, about passing that little bug about doing things, playing sports is just so beneficial. And it’s so enjoyable! It’s the fun of life, it’s going out there and doing things. Not sitting at the TV and watching, you know, wasting your time, pretty, that’s wasting time for me. And because it’s not what I tell them but it’s how I am. I think it just gets passed on very easily because I talk, when I talk to them I talk out of my own heart. It’s not like I’m telling them what to do and I do different. So I think that that really helps a lot. And you can see that they eventually, even those who didn’t want to participate at the beginning most of times.”*

Chris establishes her relationship with her students based on respect and believes that it has facilitated ease of transfer of information to them, enabling them to be more receptive towards her.

*“... if you show understanding to them like if they not well or sick, don’t be too pushy. Treat them like adults. Trust them but also you know, I put myself in it. But also um, yeah, be firm about what your expectations are, but treat, I treat kids older than they are usually. Try to speak um to them like to even with me. And, I think that’s that’s got good effect. At the end of the day, all the education I’m trying to pass to them gets passed through a little bit better, at least most of them.”*

When Chris was questioned about what she thought health work encompassed, her focus remained within the physical health, preparing the body for lifelong physical activities.

*“Oh, that would be obviously trying to um, make kids understand how their fitness levels would affect their health, their engagement in physical activities has to be there to keep their bodies working, you know, for long time, for their lifetime. And um, yeah, during the PE, we’ll I’ll always*

*make sure that they remember about sun safety. I don't exaggerate it because they also need to understand that they need sun to live. They can't cover themselves completely. Because sun we we exist, thanks to sun. And um, yeah, if I can add something like healthy eating, if there's an opportunity to it, I would always do. I do do try to explain when we do certain things, how, what their bodies do while we're doing a little bit about muscle skeletal system they they ah, hearts, blood system, nervous system. Um, if they got any injuries, I'll try to explain how things work, how how do we support their injury to heal better. Yeah, pretty much, if I can stick in anything about, any information about their bodies and their health, then I do so."*

## **Curriculum work**

Chris strongly believes in taking her students outdoors as weather permits, after they have been confined in the classroom all day. She routinely commences her lesson with a short jog around the oval or to the cricket pitch depending on their year level. During the observation, it was noted that Chris teaches mostly manipulative skills to the junior and middle year levels and incorporates fundamental movement into tag games for increased physical activity and warm up. She demonstrates her belief of promoting physical activity to the students through the provision of opportunities for everyone in the class. An example was illustrated during the tag games conducted whereby every student is assured an opportunity to be 'IT' before the conclusion of the game. Every student, including the students with special needs will participate in the lessons with modified rules included for them, is kept actively engaged throughout the lesson. The students with special needs will partner either with their classmates, a teacher aide or Chris depending on the extent of their disability. Students who are more able will have some of their classmates who are willing to practise with them with the assistance of the teacher aide, some of them do not have individualised teacher aide and hence either their classmates or Chris will practise with them. Those who are less able will require the teacher aide to have an individual interaction with them.

It was observed that the senior year level classes are generally taught to play sports such as basketball. Chris introduced to the students the rules of basketball, demonstrated them for comprehension and incorporated basketball skills that had been taught prior. Students who were unable to participate due to physical disabilities or sickness contributed to the lesson as referees during game play. During the last 10-15 minutes of the lessons, two games were conducted concurrently, students split according to their gender to increase participation especially by the females. Nonetheless, this decision was made to protect the interests of the females since the males were more aggressive.



In the last couple of weeks within the observation period, a national rugby league (NRL) coach was introduced as part of the learn-to-play program by NRL and Chris performed an assisting role through the reiteration of some activities to the students when they did not comprehend the instructions provided. Furthermore, she took the opportunity to perform assessment of the students for their grades for the term. She assessed them based on three criteria: effort, game play and ball skills. Towards the end of the multiple sessions, Chris explained the four skills students had to demonstrate their competence in, whilst she graded them accordingly.

Chris' timetable includes one period of classroom teaching in her first school where she acts as a fill-in to provide a break for the classroom teacher and conducts the lesson based on the requirements of the classroom teacher of the class. After a couple of sessions, the generalist resolved to sanction Chris in undertaking an additional period of physical activity for the students.

Chris' work within curriculum time includes two playground duties in her first school and one playground duty in her second school. She is deployed to undertake playground duty twice in her first school and once in her second school. She leads them onto the oval in an orderly manner to ensure they do not run down the slope and injure themselves. During her playground duty, she moves around the oval to ensure students are playing safely and attend to any complaints students may have. Students who injure themselves are assessed before they are sent to the office for first aid.

### **Curriculum related work**

The curriculum related work Chris has to do includes ensuring students' safety, classroom management and discipline. Her class rule comprises of having fair, fun and safe time during curriculum. Sporadically, she has had to reiterate to the students in the maintenance of respect for one another within the class. Those efforts have not been receptive to some of them, hence Chris constantly has to remind them to be safe, to ensure their peers are ready to receive the ball so that none gets injured. She had to give a time out to a student who compromised on a friend's safety. Males especially have been observed to be aggressive and Chris had repeatedly reminded them about their behaviour during game play in order to create a safe environment for her students. There was an instance Chris was compelled to ask the class how many of them felt hurt during a game after receiving a number of complaints and many raised their hands. Consequently, she grasped the opportunity to prompt them to be sensible to maintain a fun learning experience for everyone.

Prior to the lessons, Chris takes and prepares the equipment and implements to ensure the set up for the lessons is ready for the class. During the transition in between lessons, the equipment is kept safely away to minimise chances of accidents. During the lessons, she advises students on appropriate attire and footwear. She constantly reminds students to tie their shoelaces and does it for the younger students when they required assistance. There were a couple of instances where students were feeling too warm as they were in track pants and Chris advised them to wear shorts instead for future lessons. Furthermore, she explained to them about the change of seasons moving into warmer weather.

In her first school, due to the presence of a slope prior to entering the oval, Chris leads the students down the slope before providing consent for them to run on the oval to secure their wellbeing. In the conduct of game play, Chris replicates professional sport ethics and rules in her lesson. She takes the opportunities to address her students about the observance of rules and maintains that during professional play, failure to abide by the rules would result in a time out. She incorporates the skills she has taught earlier in the unit for the students to demonstrate their competence in them.

Chris employs counselling methods whereby she takes the time and effort to build rapport with her students when they misbehave after their time out. She verifies for their understanding of the rationale behind their time out and assisting them to reflect on their behaviour. She has been observed during playground duties settling disputes between the students and advising them on the appropriate behaviour. She has had to redirect students to the office for them to be disciplined or give students time out after they have compromised the safety of their peers during lessons. When students were noticed to have obtained injuries due to their misbehaviour, carelessness or inattentiveness, Chris will arrange for their peers to accompany them to the office with a written note for the office staff to comprehend the nature of the injury and determine the course of action required.

### **Policy work**

‘Sun Safety’ is an aspect that is prominent in Chris’ practice. In her first school, students without hats are provided with sunscreen and it is mandatory for the students to apply it. This practice differs slightly in her second school whereby school hats are distributed to the students without hats. They are reminded to return the hats at the end of the lesson. Chris prompts students on the necessity for hats especially since it was getting hotter and they would burn their skin. A few

students who had hats with big holes were advised to purchase a new hat so that they could be properly protected from the sun. Moreover, she emphasises on the responsibility of the students to bring their own hats.

Within 'Smart Choices' on the type of drinks, students who necessitate a drink are permitted to proceed to the bubblers for water only. Chris takes the opportunity to remind students to keep hydrated and have a drink prior to the lesson so that they do not miss out on limited curriculum time. During warmer weather, she concludes the lessons early and brings the junior year level students to hydrate themselves.

### **Health related caring teaching**

The safety of her students is regarded as the utmost importance for Chris. Prior to the lesson, Chris checks for the wellbeing of her students. Those who are unwell are not permitted to participate. There were a couple of instances recorded where Chris' students who had injuries approached her at the start of the lesson seeking for her permission to participate in the lesson. Nonetheless, they had yet to receive clearance from their doctors and Chris had to reject their requests. Students who get hurt during the lesson are assessed by Chris and ascertained on their ability to continue in their participation in the lesson. Students who have sustained injuries are redirected to the office to receive medical treatment where first aid is readily available to them. She constantly reminds them about their personal safety during their involvement in the activities.

Owing to the fact that Chris teaches in a school that caters for students with special needs, she has students with special needs averaging about three to four per class. An observation was recorded whereby she has a student with severe autism who lost his headphones and was without it for the day. When he arrived for the lesson, he had both his hands cupped on his ears and after much prompting by the teacher aide, he revealed that he was fearful of the whistle. This message was conveyed to Chris and consequently, she set him at ease by assuring him that she would not blow her whistle for the rest of the lesson. Hence, the student felt secure and participated in the lesson with ease.

The students with physical disabilities require varying levels of support and thus assistance is provided to them, which varies from one individual to another, based on an assessment carried out by the special needs coordinator. There are a couple of students who are on manual wheelchairs and have been assessed as not requiring a one on one teacher aide for them. Nevertheless, the

wheelchairs are harder to manoeuvre on the grass and hence they require their classmates' assistance for mobility at the oval. Occasionally, their classmates would request to relinquish their duty for the day, which occurred during the observation period, so that they can participate individually in the lesson. During such occasions, Chris will assume that supporting role which includes pushing their wheelchairs during tag games and relays and partnering them in the conduct of activities such as throwing and catching.

Whenever Chris' students requested counselling and sought her advice, she would avail herself to lend a listening ear to them. During one of her playground duties, her student burst his soccer ball and requested for the use of the school pump. Nevertheless, Chris assessed the condition of the ball and informed him that the ball had burst from the inside, in which pumping would not regain the original condition of the ball. Upon hearing that, he was devastated and was comforted by Chris. Afterwards, Chris advised him to purchase one of a better quality in future. In another instance, a student fell over and Chris subsequently checked on her ear where the pain was and advised her to stop touching her ear for fear she could develop allergies.

### **Case study 3**

#### **Introduction**

Maria (a pseudonym) is a 24-year-old Australian female. She is a fresh graduate from university and has taught for a year in her current school. The school Maria teaches in is located in a low socioeconomic metropolitan Queensland region that caters to the acquisition of English Language as most of the students are from non-English speaking backgrounds. Owing to the nature of the school as an English preparation school, the main emphasis is focused upon students grasping the English language and graduating from the school for mainstream high school after three to four semesters. The content in the various subjects consists of only a small amount that is based on the curriculum with the main objective of getting the students acquainted with the English terminology used in the various subjects. Within the HPE department, the objective is to get the students actively engaged in physical activity during the lessons.

Prior to joining the teaching fraternity, Maria had been teaching children to swim for nearly ten years as a swimming instructor in the 'learn to swim' programme. This enabled her to be cognisant of what teaching entailed and her love for sport led her in wanting to specifically teach HPE. She

attributes part of her desire to be a HPE teacher to a PE teacher whom she did not really like in school and was motivated to be a better teacher than him.

Maria has described her aspirations for her students as a PE specialist as,

*“Just to get out there, get active and know what it feels like to be part of a team and to achieve something other than in a classroom so. Yeah, just to be confident, work as a team, all those sorts of things.”*

She sees herself as an influence for her students and yearns to be a good role model for various aspects, beyond the physical aspect.

*“Well, hopefully I come across as like fun and somebody they can relate to and I think being in the field of HPE, I think you can really develop a good rapport with students where they really trust you and can talk to you about anything. And, I guess that’s what I hope to do and to influence in that way and that, not that I’m going to be their friend but in a way that they can trust me and talk to me about anything.”*

Maria associates herself with basic health related work and extends the work when she delivers science. She maintains that students learn this aspect of work from their classroom teachers.

*“Um, I wouldn’t say that I have much to do with health. I mean I do do the basics with staying hydrated, putting your hat on, wearing sunscreen when we’re at the pool, we do a lot around pool safety and all of that. In Science, we do a little bit of health but I don’t really go into the sex ed sort of stuff, so I think for me right now, it’s more of your real basic general thing and they learn more of the other health thing in their English classes and when they do their care which is their sex ed classes.”*

Maria was questioned on what she thought health work encompassed and her response revolved around sun safety, nutrition and personal hygiene.

*“I when I think of health, I think of um, like washing your hands before you eat, wearing a hat, um, putting sunscreen on, staying hydrated, eating the right foods, um. Yeah I think, and the sex ed classes, all of that kind of stuff...”*

Besides physical health, Maria hopes to venture into the psychological health of the students, with an emphasis on providing a safe environment for them. Many students within the school are of refugee backgrounds. Trauma and even intergenerational trauma can be significant health and wellbeing matter for many of these students and many have been through a lot of hardship in order to get to Australia. Hence, additional assurance is required to assist them in feeling safe within the school.

*“Oh, having good rapport with them. So making them feel comfortable in my class, making them feel confident and um just making them feel safe, so providing that safe and supportive environment for them.”*

Maria recognises the challenges she faces within the school. It takes a while before the students are able to trust and when they feel safe, they will gradually begin to trust their teachers.

*“The challenges aren’t in the curriculum and the planning. The challenges are getting through to the students and breaking down that language barrier, I think.”*

Maria has been unable to conduct health related work in her current school and ascribes it to the language ability of the students to comprehend the lesson.

*“Err, the language, the English levels of the students here, you wouldn’t be able to do it, I don’t think. Like you’ll get, basically, we can only really do the fundamentals, which is drinking water and wearing a hat. You wouldn’t really be able to go into too much detail around um, like drugs and alcohol and those sorts of things. They do, they do cyber safety with their room teacher. Um, we don’t do anything related to media and images in the media and anything like that. Again because of their English levels but yeah.”*

The responsibility of administering health education according to Maria resides with their classroom teacher and she contributes through her science lessons instead of HPE.

*“Again, that’s mainly their room teacher’s role but I do go again with that in Science so we do our food unit and I don’t really talk about that in HPE, like in PE. Yeah, the only things in PE is again water, hat, sunscreen, staying hydrated, eating the right food, we talk a little bit about about what gives you energy, what should you eat, but yeah.”*

Her perception of the main components of health work revolves around PE related HE she conducts.

*“Main categories of health? Well, there’s sex education, sexual health, um, sun safety I think, um, take me back, what else we did. Um, I guess foods as well, like eating the right things and staying healthy and yeah, nutrition. Um, and then there’s, you’ve got your cyber safety, um, again, the media stuff, that sort of relates to your internet and all of that.”*

Maria believes that her young age has positioned herself at an advantage on developing opportunities for rapport building with her students. When Maria was questioned on the approximate amount of time spent on doing health, she provided an estimate of about 20% of curriculum time, inclusive of three science classes she conducts.

### **Curriculum work**

Maria’s work is varied and she teaches HPE, mathematics and science. Her timetable in a week compromises of: six periods of mathematics, 12 periods of HPE and 15 periods of science. Within HPE, Maria’s main aim is to get the students physically active and works closely with the HPE department to organise various activities for the students. This included the extra HPE week the department conducted in line with ‘The Australian Council for Health, Physical Education and Recreation’ (ACHPER) initiative to promote physical activities that were organised during lunch breaks for the students to participate on a voluntary basis. There were heterogeneous activities students and staff could and were encouraged to participate in such as ‘chuck the chook’, ‘skipping’, ‘hula hooping’ and ‘sack race’ etc. Other than coordinating activities within the school, there were a few external activities organised with external agencies for the students. These included ‘Australian football league development sessions’, which was organised specifically for the Islamic students by the relevant association and friendly soccer matches with neighbouring schools for both males and females. Maria conducted training sessions for all the students who volunteered to participate in the soccer matches, during lunch breaks for the females and after school for the males.

In a typical HPE lesson, students are offered options for the games they prefer to engage in for the lesson. The lesson begins with a couple of class activities for warm up and class bonding before students break up for the various activities they have opted to engage in for the lesson. At times, Maria introduces new games for students to participate in as a class such as ‘Aida’, which she

explains to the students that it is an aboriginal tag game incorporating attacking and defending techniques and teaches them the rules they had to adhere to. They have played sports such as soccer, volleyball and ultimate frisbee. Occasionally, Maria has had to encourage students who may not be interested to participate in the lesson to join in the activities and compromises by permitting them to engage in another activity if they preferred. She often participates in their activities to motivate them to participate.

During the observation period, Maria was doing a science unit on nutrition and activities relating to nutrition were prepared for the students where they learnt about the various food groups, their nutritional values, importance and the amounts they needed to consume. Maria scaffolded the students with charts and relevance through getting them to pen down the meals they consumed the day before and allowing them to analyse their choice of food if they were consuming them in the right amounts.

### **Curriculum related work**

During the start of the lesson, Maria will bring the class to the PE storeroom to obtain the equipment required for the lesson and have them assist in keeping the equipment at the end of the lesson, before sending them back for their next lesson. In preparation of the students' competitions and friendly matches, Maria goes around looking for the attire the students require as most of them do not have their own and are unable to afford to buy them. She prepares the school jerseys and shorts for the students and brings her own sports shoes and socks to loan to the students. She appeals to the staff for any extras to loan the students so they would have the appropriate gear to participate. Extra shin pads and soccer boots that are available in the sports room are consolidated by Maria and distributed prior to the students in preparation for the matches. She advises them on the attire to don prior to the competition days and remind them to keep themselves healthy and hydrate themselves.

Maria mentioned that she was highly encouraged when she became a HPE teacher in the school to obtain a bus licence. This has been put in place due to the low socioeconomic status of the students and with the regular competitions undertaken by the HPE department, it was more cost effective for HPE teachers to drive the students instead of students having to miss out on participation in competitions due to the transport cost. During the observation period, there was a soccer competition to be held on a weekend whereby Maria had to drive the students to the venue using the bus the school possessed. As she had not driven the bus for an extended period, she personally



approached the bus driver, who is the school's grounds man as well to give her an orientation to driving the school bus. She took on the role as the school bus driver the following morning with the bus driver's guidance to ensure she was ready and confident to drive the school bus on the particular weekend. They ended up not participating in the competition due to insufficient students. Nonetheless, Maria had promptly ensured her confidence and readiness in driving the school bus.

Maria is often seen praising and encouraging her students during sports and activities so that they are motivated to continue participating in physical activities. During the HPE week, she took the liberty to modify the rules of the activities for the females to participate. Maria encouraged students who were not as confident and on one instance, it was sighted that a student with autism displayed good putting skills in golf and was provided an opportunity to demonstrate it to the class.

Maria has been observed managing students' behaviour especially when they attempt to hurt their peers. She counsels the students, tries to resolve their conflict and have them apologise to each other at the end of the conflict resolution. There was a class in particular where Maria has had to take them back to class due to their constant misbehaviour towards one another and failure to listen to her instructions. When that happened, Maria had a chat with the class asking them about their expected behaviour prior to allowing them back on the oval to continue the lesson. Due to the constant addition of new students to the school, Maria takes the time to get to know them through informal conversations with them if they were assigned to her classes to put them at ease.

Maria incorporates sport ethics when conducting games and sports such as having students shake their opponents' hands at the end of the match to thank them for a good game played. When students complain about the bad decisions made by the referee, she reminds them that they could be upset but they should not fight the referee as that demonstrates bad sportsmanship. Additionally, she gets students to give their team a name so that they would be able to build up some teamwork through cheering for their own teams. During one of the soccer matches, some students scolded their goalkeeper for failing to prevent a goal from being conceded and Maria stepped in to reprimand them for doing so instead of encouraging their teammate.

## **Policy work**

The policy work Maria does revolves around staying hydrated in 'Smart Choices' and 'Sun Safety'. Maria reminds students to bring hats and students without a hat are provided sunscreen. She provides students with water breaks as each HPE lesson could be up to 70 minutes across two

periods at a time. Maria always permits students who request to go to the bubblers for water. She will remind students to bring their water bottles along for the lessons.

Another area of policy work Maria did as a science teacher is the 'Stephanie Alexander Kitchen Garden Foundation'. Every class had to undertake a plot of garden and this was incorporated into the science lessons where it was the most relevant. The students researched into planning their vegetable garden and verified with their class' plot of garden to ensure they had met the requirements of the space, water, and support etc. Students were also involved in maintaining their class garden, aiding in the setting up, planting, watering and fertilising their vegetable and fruit garden.

### **Health related caring teaching**

Maria hopes that sport allows her students to improve on their mental health.

*"... in our sport lessons we just want to get them out there, having fun. And that could be, you know that's still covered in mental health because **they're out there laughing and having a good time and taking their minds off the other things, like maybe their families back home or back in their country.**"*

Whilst Maria is heading for her classes, she is often seen chatting with her students whom she may meet along the corridors asking them how they were. It was observed that students would call Maria over to their class when she walked past to say hello to her. Maria was called over once by a student who wanted her to see a poster he had of a national rugby league team and Maria commented about her support for another team. During a soccer training session, she spotted some tattoos on a student and asked him about the meaning of the tattoos. She checks on students who may have injured themselves during lessons, decides if they required any first aid and refers them to the office when needed.

Maria is observant towards her students and noticed a couple of students going for morning tea without their bags and questioned them about not bringing food for morning tea. They replied that they were not having any food for morning tea and Maria expressed her concern about them having sufficient energy for the day. On another occasion, a student approached Maria at the end of the lesson saying that she had forgotten to bring her lunch for the day; Maria directed her to the office and told the student that there were be food available for her at the office.

Maria believes in providing a safe and supportive environment for her students regardless of whether it is during her lessons or break times. There was an occurrence where Maria saw a student up on the roof retrieving a ball. She waited for the student to get down the roof and ensuring he was safe before she told him to get help from the school's grounds man if it happened again instead of climbing up the roof on his own, as it was dangerous. She has rules relating to safety in place during her HPE lessons such as students having boundaries to where they could run, having them remove any gum they may have in their mouth telling them they could choke on it and removing all jewellery so that no one would get hurt if there were any clashes. A student approached Maria as he wanted to participate in a soccer competition but she had to reject him telling him that the competition was against full-grown men that would be too dangerous for him as he was too small in stature and rationalised her choice of the students selected. During one of the boys' friendly soccer match, a student with a recurrent injury got hurt and had to be lifted off the field. Maria went over and enquired about it offering him advice due to it being an old injury. She bandaged an ice pack on it for him and when they were back in school, Maria waited with the student for the taxi to take him home, as his guardians were unavailable to pick him up. During the girls' friendly soccer match, one of the girls had the ball hit her wig off and she was left shocked and embarrassed. Maria went immediately to take her wig and placed it back on her head. She brought the student off the field and provided her with the assurance it was fine.

Maria's rapport with her students can be evidenced further when a student who was celebrating her birthday bought a cake for Maria. Maria initially declined the offer telling the student that she should be the one buying the cake for the student instead and took the cake to share it with the student and her friends during the lunch break. During the last week of school prior to the school holidays, there were a few classes of students graduating and moving on to a new high school when school resumed. A number of her students waited for her outside the staff room wanting to bid goodbye to her. Maria went to meet them and the students were crying, as they felt sad to leave the school and Maria.

## **Chapter 5: Discussion & Analysis**

### **Introduction**

When I first went into the schools setting, the initial methodological approach involved grounded theory. I was involved in the observations, spent time with the teachers and recorded all the work the teachers were doing. As a result of my time spent in schools, a clustering of the classification of the work emerged. Within this chapter, the data as presented in the findings will be compared across the three cases to facilitate a sifting through the common trend congruent throughout the cases and examining the differences, providing possibilities for them.

### **Examination across the three cases**

#### **Beliefs of the participants**

Across the three cases, the three participants expressed diverse positions regarding their motivation for being a PE specialist. Eve's love for sport and passion for imparting knowledge to children was initiated at a tender age of 12 through a PE teacher whose lessons she enjoyed. She remained steadfast in her desire to become a PE specialist and continually seeking to effect an attitude change towards lifelong physical activity within the students she has under her charge. A contrasting participant is Maria who was incited to becoming a HPE teacher after having a PE teacher she was not fond of and vowed to be a better teacher than he was. She explored her decision through being a swim instructor in the 'learn-to-swim' program for ten years before committing to being a HPE teacher and undergoing the necessary training. Currently within her school, she hopes to be a good role model for her students through building good rapport with them and having them develop trust in her. Chris, my third participant underwent a process of developing into a PE specialist. In the beginning, she started off as unclear in her desires except her zealousness for sport and chose a university based on its vibrancy. Thereafter, she experienced and received a sense of achievement from teaching. Following that, she encountered a myriad of life experiences and returned to teaching due to her circumstances. It was then that she developed a passion for the job. Her fundamental inclination to work with people remained from the beginning with her pursuit of PE and active tourism in university. As a PE specialist, she hopes her students learn to engage in a healthy lifestyle through enjoying sports and life. The expressed motivations, grounded in their personal sporting experiences and the influences of family, circumstances and their PE teachers

were some reasons why my participants became PE specialists, which correlated with other scholars (see, for example, Armour and Jones (1998); Green (2000a); McCormack (1997); Placek (1995)).

Eve and Chris have asserted their commitment to imparting health knowledge to their students, providing them with the foundations of health literacy in the maintenance of their personal health. Interestingly, both have postulated the importance of getting outdoors and deviating their students from the technology they were inclined towards. This commitment correlates with Australia's physical activity and sedentary behaviour guidelines for children in limiting daily screen time (Commonwealth of Australia, 2014). Eve and Maria provided an estimate of 20% of their curriculum time allocated to the teaching of health whilst Chris did not provide an estimate and alluded to the lack of time in PE lessons for the incorporation of health.

All three participants accredited their teaching of health in a more implicit approach and emphasised the circumstantial occurrence of insufficient time. Eve placed extreme importance on ensuring that no student gets turned away and will make time to speak with them, usually in the first 5-10 minutes of the lesson. Chris communicates with the students during times such as playground duty, bringing the students to and from their classroom for PE lesson and during break times when they see her. Maria is the only one whose school has a department dedicated to the mental wellbeing of the students within the school. Students are free to enter the department located in an isolated building within the school to seek help from professionally trained staff to assist them. Maria contributes by ensuring her availability if the students feel more at ease speaking with her and has many corridor conversations with the students. With the additional time she has with the students in comparison to Eve and Chris, Maria spends some time in class chatting with the students. Maria's PE periods are usually two periods with a total time of 70 minutes as compared to a period a week Eve has for 45 minutes and Chris for 30 minutes. The difference in the amount of time they have contributes to the amount of time they have in building rapport with the students, which correlates with the finding of Lounsbery, McKenzie, Morrow Jr, Monnat, and Holt (2013), that reduced PE time resulted in negative associations with social and personal behaviour development. Interestingly, their study revealed that reduced PE time is accentuated if there is one PE specialist in the school due to the limitations in timetabling, which reinforces the situations of Eve and Chris as the sole PE specialists in their schools compared to Maria who is one of two PE specialists present in the school (Lounsbery et al., 2013).

The alternative reason the three participants emphasised for not doing health work is that, the responsibilities of health remained with the generalists. Contrary to Lynch's (2007) article, the three

participants within this study were very clear about the responsibility of health in schools, which is undertaken by the generalists and articulated in the department document (QGDET, 2014) and an earlier evaluation report of Queensland state primary schools (Tainton et al., 1984). This difference could be due to Lynch's (2007) involvement in catholic schools, in which pastoral care statements indicate that the responsibility of health lies with all the teachers, compared to my study which was based in state funded schools, where clear expectations are communicated stating that the area of health lies with the generalists (McDonald & Ollerenshaw, 2006). Hence, the misunderstandings of whose responsibility within the HPE curriculum resides, ironically resulted in the possibilities that none of the area of HE work was executed as found in Lynch's (2007) study. Additionally, in Chris and Eve's schools, the generalists provide the grade in the health section of the students' report cards. This aids in a more defined distinction of the responsibility helmed by the generalists.

Notwithstanding the clear responsibility of health assigned to the generalists from the report by Tainton et al. (1984), the more recent policy from QGDET (2014) and the PE specialists' assertions of where their responsibilities resided, the PE specialists were engaging in health work both overt and hidden, that possessed clear iterations of the HE syllabus. Elements of health promoting behaviours, social, emotional and mental health and wellbeing and safety, which are within the health education syllabus permeated the PE specialists' execution of their lessons and interactions with their students. Much of this work is implicit, but at times it is captured during the observations being executed explicitly. For example, in the area of health promoting behaviours for the younger students, Eve introduces a warm up game of 'flush the toilet' where she chances upon the opportunity to incorporate a health related message to remind students to flush the toilet after use. She draws on her experiences during the terms where swimming is held and how the toilets tend to smell. She continues to explain to the students the importance of flushing the toilet after use and washing their hands thereafter. Furthermore, all three teachers explained to their students regarding the importance of keeping their environment safe by keeping equipment safely away to prevent accidents from happening and how Chris explicitly explains to her students about the dangers of running down the slope as they enter the oval and ensures she leads her students in walking down the slope.

Additionally, all three participants recognise themselves as the prime movers of their students' attitudes towards sport and physical activity and assumed themselves as role models of healthy living and caring individuals for their students. They have ascertained the importance of building therapeutic alliances with their students and their parents, similar to that of Green (2000b), who recognised that the relationships between PE teachers with their students and their parents can

directly or indirectly and positively or negatively effect upon the development and conduct of practices or views. Hence, the participants undertook the responsibility of caring for their students' emotional health through the provision of an avenue the students could turn to if they required. Despite the varying SES of the schools, all three participants adapted identical attitudes towards their students and displayed similar inclination in the impartation of values, which coincides with Green's (2000b) and Doolittle, Dodds and Placek's (1993) assertions of the socialisation of PE teachers into the field of PE teaching.

### **Curriculum work**

The curriculum work the participants carried out varied according to the abilities of the students and seemed to be inclined towards their personal beliefs, in its execution. As Eve has taught the students since they were in preparatory year at either five or six-year-old, she was afforded total control over the curriculum covered for her students. The curriculum provides a natural progression with tag games, fundamental movement and manipulative skills taught to preparatory up to Year 2 students. Years 3 and 4 students are taught various sports with modified rules for students to obtain a basic idea of the sport. When they are in Years 5 to 7, they revisit the sports with additional rules to enhance their understanding of the actual sport.

Chris' lessons focus mostly on fundamental movement and manipulative skills with the students incorporating certain sports when they are in Year 4 and beyond. She mentioned she had only begun taking the students at the start of the year and so felt the need to reinforce the manipulative skills before introducing different sports to them. Whilst the junior and middle school students undergo revisions of fundamental movement and manipulative skills, the senior school students were ready for the introduction of various sports. She was proud of how the older students engaged in the sport of basketball introduced to them in the PE lessons, such that a culture of playing basketball, which the school had never experienced, was initiated in the school. This exhibition culture represented Chris' teaching effectiveness in the introduction to various sports in her PE lessons, as her students were engaging in this new sport she introduced to them during their break times. The utilisation of teaching sport and skills acquisition appears to be a common practice within PE teaching, supported by Green (2000a), who asserts that "the terms 'physical activity' and 'sport' were regularly used interchangeably and seemingly treated as if synonymous" (p. 115) and "an emphasis on performance and skill-acquisition in PE lessons was commonplace" (p. 115).

Maria on the other hand, did not have a unit of work that was congruent with the HPE curriculum due to the background of the students she had in the school. Many of her students had not engaged in sport prior to their arrival in Australia and the HPE department had a goal of getting students physically active by introducing the students to physical activity. Student participation in the activities was of priority and consisting of many warm up games, where the students were taught the rules of games such as 'red rover', 'gunny sack race' and 'chuck the chook' etc. Usually, the warm up games run for approximately 30 to 45 minutes before a water break was given to them. Thereafter, they will engage in a few different activities depending on their choice of games. There could be two to three different activities happening concurrently and they would be permitted to switch activities if they had a small group of students with similar interests. The main idea is to have the students engage in a few group activities at the start as a class and continue with sport or activity of their choice, as long as they remain physically active during the lesson.

The curriculum work undertaken by the three participants exhibit a difference beginning with Eve, a highly experienced teacher, who has taught in the high SES school for the longest period compared to the other two participants, has been observed teaching a curriculum that exhibits progression through the year levels, from fundamental movement through to teaching various sports to her students. Chris, who is an experienced teacher, has taught for a year in her current mid SES schools, teaching predominantly fundamental movements and manipulative skills through the year levels with the upper year levels having opportunities to learn a few sports after the focus in manipulative skills since the start of the year. Maria, being a first year teacher and predominantly seeking to provide positive physical activity experiences for the students in the low SES school. Additionally, due to the special focus on english language in Maria's school, HPE teachers do not conform to the use of the curriculum but will emphasise the provision of physical activity to students with the opportunity for physical activity. Their customisation of the curriculum for their students demonstrated their response to the initial roles of PE specialists, utilising their expertise to cater the curriculum to the needs of the students (Tainton et al., 1984).

In my study, it appeared that students in the lower SES schools required more basic skills and hence the focus placed on fundamental movement and manipulative skills whilst students in the high SES school had more opportunities to experience various sports owing to a more grounded foundation. This increased focus on fundamental movement skills demonstrated by my participants in the lower SES schools correlates with a study within Australia by Hardy, Reinten-Reynolds, Espinel, Zask, and Okely (2012), which found that children from lower SES backgrounds in years two and four



possessed lower fundamental and movement skills compared to those from higher SES backgrounds.

Additionally, this phenomenon could also be dependent on the duration the participants have spent within the schools, which influenced and provided them with confidence on the skill level of the students. With the varying expectations of the participants present, there lies the possibility of the difference in the perceived skill levels of the students. Notwithstanding Eve having taught the students since they were in preparatory grade, their skill levels are satisfactory according to her standards and have enabled her to progress further by teaching them various sports using the skills they have obtained in when they were younger. Alternatively, Chris has taught her students for a year and is striving to bring the skill levels up to meet her standards. Hence, more time is spent in ensuring their foundations are laid before progressing them into doing more sports. Maria, being a first year teacher, was committed to the department's goal of increasing students' exposure to physical activity and enhances the students' experiences of physical activity through the inclusion of class warm up games at the start of every lesson. This, according to Maria assisted in building the class spirit within the students and in turn allowed for greater support for the students. This support is important in the particular school context as many of them arrived in Australia as refugees and have encountered numerous life experiences whereby they required additional support to trust others and to assimilate into the school and culture.

### **Curriculum related work**

This category consists of any actions that facilitate the delivery of the curriculum and contribute to the health work PE specialists undertake in schools. Within this category, safety, classroom management and teaching of values have formed the majority, which resembles QGDET's (2015c) supporting student health and wellbeing policy statement (see page 23). However, my participants would not have access to the policy due to the recent implementation. Furthermore, the target executor of the policy is the classroom generalists. Eve and Chris have demonstrated similar emphasis on the safety aspects in their lessons. Both include similar class rules of "fair, fun and safe" in their lessons and constantly remind their students for greater adherence. The three words they have adopted represent iterations of the current wellbeing policy guidelines and procedures for physical activity in state schools where teachers, but not PE specialists, have to adhere to during the conduct of physical activities. The use of "fun" correlates with Green's (2000a) assertion of how PE specialists promote PE through enjoyment to enhance learning. On the other hand, the use of "fair" denotes fair play, utilised as a preventive measure in classroom management and "safe" could be

appropriated as a protective measure within the risk assessment management system or to reduce the likelihood of litigations from parents and carers (McCormack, 1997). Boundaries are clearly defined in their lessons with consequences if they are infringed to ensure adherence. These are essential as students' safety are of paramount importance and will not be compromised. Students whose actions threaten the safety of others warrant an immediate time out. These safety measures are constantly reinforced and game rules are modified with clear safety consideration objective. For example, Eve has a safety zone set up for students in softball to ensure the batter does not throw the bats and place them within the safety zone, as failure to do that will cause them to be struck out. Furthermore, other batters waiting for their turns have to sit outside the playing area behind a line stipulated by Eve to ensure they are not at risk of getting injured.

Similarly, Chris exhibits safety in varying degrees from Eve within her lessons. In her first school, she leads the students down a slope that is present en route to the oval where most of the lessons are held before permitting them to run on the oval. Rules are in place for games and activities carried out, such as maintaining safety distance from one another through the use of markers placed on the field and specification of the direction of throw. Equipment is kept away neatly during breaks despite requiring them for the following lessons to ensure no student gets hurt by equipment laying around.

Maria undertakes safety in a different way due to the circumstances she is placed in. She was required to drive the school bus to bring her students to an upcoming competition over the weekend. Having not driven the school bus for an extended period, she wanted to ensure the students' safety and took the initiative to approach the school's bus driver for assistance. She volunteered to drive the school bus the following day with the bus driver sitting by her side to provide advice when required, and to develop her confidence in driving the bus on her own over the weekend.

A number of instances were observed where Maria had to halt the lesson and chat with the students about their behaviour. Maria had to take a particular class from the oval back to their classroom as they were misbehaving. She spent about 10 minutes talking to them back in class about their behaviour and the constant bickering they had been engaged in. She reiterated the expected behaviour they had to portray and had their assurance on better behaviour before bringing them back to the oval to continue with the lesson.

It appears that within the Eve's school, a greater emphasis is placed upon safety concerns in comparison to Chris' and Maria's schools. This could be attributed to the greater resilience

displayed by the students in the lower SES schools due to their exposure and opportunities spent outdoors (Stepleman, Wright, & Bottonari, 2009). Furthermore, in the higher SES schools, the greater involvement of their parents in schools could be a crucial factor in contributing to the added safety measures taken, as they may request for available documentation from the schools to ensure their children's safety (Somers & Settle, 2010). Additionally, higher SES schools may have added safety measures taken to minimise risk of litigations placed upon the teachers and schools to be accountable towards them (McCormack, 1997).

Concurrent with the safety aspect is the area of classroom management, which aids in the teachers' conduct of lessons. It is observed that in the Eve's school, a lesser amount of classroom management is observed as compared to Chris' and Maria's schools. This aspect of spending more time on managing students' behaviour in the lower SES schools is explained by McLoyd (1998) who argues that teachers tend to perceive lower SES students with lesser self regulatory skills and Adams, Hillman, and Gaydos (1994) and Boroughs, Massey, and Armstrong (2006) who assert that children from lower SES backgrounds had greater behavioural problems compared to those from higher SES backgrounds. Maria and Chris within the middle and low SES schools seemingly spend equal amounts of time on classroom management in the lessons whilst Eve, in the high SES school spends significantly less time in this aspect. The possibilities for this trend could be ascribed to the assumption that the students in the high SES school are better behaved in comparison to the students in the lower SES schools, thus requiring less management. Another more substantial and higher possibility attributed to the rapport Eve has built with the students having been in the school for 12 years in comparison to Chris and Maria who have been in their schools for only a year.

Embedded within curriculum related work is the teaching of values and sport ethics to the students. All three participants have been observed to incorporate varying values and ethics in their delivery, which is demonstrated in the Singapore PE curriculum (MOES, 2005) and correlates with Green's (2000a) findings of 'philosophies' such as positive habits, teamwork and cooperation were included in the PE teachers' teaching. Eve focuses on the values of 'honesty' and 'taking responsibility', whereby she continually emphasises on their importance and utilises values to engage with the students when incidences of misbehaviour occur. An example observed was when a student sought for permission to go to the washroom and returned after a short time. Eve asked the student where he went instead as the time taken was too short. Eve repeatedly emphasised the need for honesty from the student who later admitted going for a drink instead of the washroom and Eve reminded the student to be honest in future. During the observation, Eve began a unit on goal ball to develop empathy in the students. This unit ensued from two students in the school who are visually impaired

and Eve chanced upon the opportunity to introduce a Paralympic sport to the students. Eve hoped the unit enabled the students to develop greater empathy for these students.

Chris replicates professional sport ethics within the lesson for the students. During the conduct of game play, students who did not display sportsmanship behaviour were reminded by Chris that during professional sport, these rules had to be observed and violations resulted in them getting penalised. One example was when a physically disabled student was assigned as the referee for a basketball game and the students were not satisfied with the referee's call. They attempted to refute the referee's call with Chris who stood by the referee's decision and took the opportunity to reinforce the mirroring to an actual game whereby the referee's decision will be final.

Maria displayed similar actions when the students complained to her the following day about the referee's decisions that they did not agree with and asked for a rematch. Maria told the students that sometimes decisions made are not what they would have liked but they had to learn to respect the referee's decision. She drew parallel to the actual occurrence of such incidences in reality within professional sports and told the students that it was a good experience for them to learn from. Maria often demonstrated various ways of displaying teamwork to the students such as having them cheer on their team members during lesson and shaking of opponents' hands after a friendly match. There was an instance during a friendly soccer match whereby the students started scolding their teammate who was the goalkeeper and blamed her for conceding a goal. Maria stepped in to tell the students they should be encouraging their teammate instead of blaming her and took the opportunity to motivate them to spur on their teammate.

Drawing reference from the three case studies, it appears that the three participants demonstrate a strong commitment in building young people, especially in their health towards being healthy citizens. This contributes to how PE teachers view health as a hidden and overt function of PE, advocating PE as a form of health promotion through the engagement in lifelong physical activity and sport (Green, 2000a).

## **Policy work**

The primary policy work that is undertaken by all three participants that were evidenced is 'Sun Safety'. Eve and Chris ensure that the students have their hats on prior to the lesson. In Eve's school, students without hats are not permitted to participate when the lesson is held at the oval, as they will be under direct sunlight. Students will be encouraged to borrow a hat from their friends in

neighbouring classes or find one in the lost and found area to use temporarily. On the other hand, Chris in her first school has sunscreen ready for students without hats, which are provided by the school. In her second school, students without hats are provided with school hats owned by the school. In Maria's school, students do not wear school uniform to schools and often having them properly attired for PE is a challenge. As most students are from low-income families, Maria encourages them to bring their hats but will permit students without hats to participate.

This appears to insinuate the greater independence afforded to students in the high SES school, where a 'Sun Safety' policy is present in the parents' handbook in comparison to the middle SES schools, which a 'Sun Safety' policy is present and students are provided with necessary assistance such as spare hats and sunscreen. Within the low SES school, there is a lack of 'Sun Safety' policy in the school and the students do not wear school uniforms; hence, it is difficult to mandate the use of hats. This is evidenced through the lack of hats on most of the students during their PE lessons but students have been permitted to participate in PE even without hats.

### **Links to curriculum**

The above categories document the work of the PE specialists in order to execute either curriculum or policy work. Nonetheless, in order to address the initial research question of how much health education work is done within the plethora of health work done, this will be concluded in chapter seven. The last category of health related caring teaching will be discussed in greater detail prior to the conclusion to demonstrate the uniqueness of the work PE specialists undertake.

## **Chapter 6: Health Related Caring Teaching**

### **Introduction**

Upon the completion of my categorisation, I found one category that does not appear to be formally acknowledged or recognised anywhere, for example, in the health promoting schools model, is this idea of health related caring teaching. Historically, health related caring teaching would have been labelled as pastoral care, which has recently been incorporated into the learning and wellbeing framework (QGDET, 2014). However, there remains a profound difference between pastoral care and health related caring teaching. Consistent with grounded theory and the iterative processes it involves, I returned to the literature related to care to explore who might offer a framework by which this could be understood and I discovered Noddings' ethics of care, which appears appropriate and ideal for the category.

### **Care or Pastoral Care in Schools?**

Is 'pastoral care' or 'care' more appropriate for the work the PE specialists are doing?

The area of pastoral care within Education Queensland is subsumed into the learning and wellbeing framework. The 'Learning and Wellbeing Framework' and policy statement mandate explicit infusions to promote successful learning through ensuring students' wellbeing within the state schools of Queensland (QGDET, 2015c). According to the framework, the guidance officers or senior guidance officers undertake the social, emotional, development, learning and engagement, which is available to all students. School-based youth health nurses are based only in secondary state schools and are tasked with concerns regarding the health of students including their mental health, while Education Queensland registered nurses are charged with the individual health of the students and are accessible through self-referral with consent (QGDET, 2015a). Interestingly, at a policy level, there is an increasing tenet for putting care and health related caring into the hands of external providers (QGDET, 2015a). The teachers' responsibilities are tenuous and, not surprisingly, the teachers failed to mention this policy nor did they refer to this plethora of support personnel available to assist in the students' wellbeing. Notwithstanding the robustness of the framework as it appears to be conceived and presented (QGDET, 2014), it fails to recognise the implicit health orientation and pure motivation of caring efforts PE specialists utilise in their teaching, with which, I substantiate the use of 'health related caring teaching' to fill the gap within the work of PE specialists. I purport this exclusivity in PE specialists attributing it to the nature of their work and their intricate associations with health.

To further justify the use of care instead of pastoral care, I reviewed the literature and research of Calvert (2009) that provided a clear perspective and meaning to the differences by tracking the history of both terms. 'Pastoral care' as traditionally used by schools originated with the underpinnings of "the Christian story" and "the care of souls" (Cole Jr, 2010, p. 715). Schooling underwent seven stages to establish the nature of pastoral care within its system. Firstly, schools utilised 'pastoral care' to accentuate the hierarchical nature of pastoral structures, connote power and control as its discourse, with the appointment of Heads of Year/House portraying as disciplinarians (Bell & Maher, 1986). In the second stage, schools repackaged pastoral care to reflect the counselling need during that time, and promoted itself as a hub to provide individualised needs, with teachers expected to administer one-to-one attention to the students (Bulman & Jenkins, 1988). The third phase of pastoral care sought to satisfy individual needs in group settings, deviating from the individualised attention pastoral care was once contingent upon. Subsequently, the fourth phase involved developing a pastoral curriculum, a term deemed as problematic by Bulman and Jenkins (1988), who contend that it is "a slightly slippery term which requires a working definition" (p. ix) and attempted at providing a definition for its inclusive whole school approach proved to be successful in its retention within the school curriculum. Thereafter, the implementation of the National Curriculum saw pastoral care largely marginalised with the preoccupation of assessment that was concomitant with the upheaval of globalisation (Calvert, 2009). The last two phases asserted the revival of pastoral care in its accompanying role in learning and undertaken through the introduction of school support staff, relieving teachers of the responsibilities of pastoral care (Calvert, 2009).

With the destabilising factors inherent within pastoral care in the changing of positions according to market needs and demands, and the underpinnings of pastoral care as "the Christian story" (Cole Jr, 2010, p. 715), I draw upon Fine's (2007, p. 2) proposition in the use of care instead of pastoral care since "care essentially deals with the management of interpersonal relationships involving dependency, power and the use and control of scarce resources". Hence, my findings from the conduct of the research enabled me to construct meanings out of my observations and the interviews of the teachers. Thereafter, the meanings behind the data drew me to appropriate Noddings' ethics of care as a means to comprehend the health related caring teaching the PE specialists have demonstrated. The richness and rigour of the entire scholarship around Noddings' ethics of care provided an excellent model to unpack care utilised in the PE specialists' health related work.

Globally, Noddings' theory has been employed and underpinned a wide range of policy and curriculum projects (see for example, values based education in Singapore (MOES, 2012e), values education in Australia (Commonwealth of Australia, 2010) and international Olympic education 'Be a champion' (Binder, 2012)). Goldstein and Lake (2000) have asserted that when educators referenced care in their writing, their understanding on care is rooted in the work of Noddings (see for example, Jones (2009), A. Larson and Silverman (2005) and Slote (2013)). Whilst critical theorists and pedagogues have critiqued Noddings in the literature (see for example, Mendus (1993), Isenbarger and Zembylas (2006) and Acker (1995)), this thesis endeavours to employ it as a mechanism for analysis in the health related work the PE specialists have undertaken, rather than any need to pursue a critique of this. Furthermore, it was never the intent that care would actually underpin this particular thesis.

## **Noddings' ethics of care**

### **Introduction**

Care, as described by Heidegger (1962), a German philosopher, is the very being of human life. Noddings (2002, p. II) concurs with Heidegger about this basic form of human life and contends that 'all people want to be cared for'. Caring and caring ethics originated predominantly from women's experience and has long been associated with feminine characteristics attributed to their natural inclination to care due to the kind and loving nature of women (Gilligan, 1993; Kant, 1983; Noddings, 1988). According to Gilligan (1993), men begin to discover and comprehend the importance of relationships, intimacy and care whilst they are in mid-life compared to women who have known them from the beginning. Since the 1980s, caring ethics have become a recognised approach to moral philosophy (Noddings, 1984, 2012a, 2012b). Noddings (2012b) believes that relation is human's original condition and begins at birth. She further expounds that within care ethics, "relation is ontologically basic whilst the caring relation is ethically basic. Every human life starts in relation, and it is through relations that a human individual emerges" (Noddings, 2012a, p. 771). This thought coincides with Gilligan (1993, p. 63) where she expresses that "we know ourselves as separate only insofar as we live in connection with others, and that we experience relationship only insofar as we differentiate other from self."

Caring as described by Noddings (1991) is a relational attribute. This involves building meaningful relationships and responding to the needs of others in a pleasant and commiserating manner. A



caring relation is defined as ‘a connection or encounter between two human beings – a carer and a recipient of care, or cared-for’ (Noddings, 2005b, p. 15), which requires the contribution of both parties for its validity. It possesses both cognitive and affective dimensions encompassing thinking within the caring (Noddings, 2012a). As the focus of a caring relation is upon others, the receiver of the caring relation is known as the ‘cared-for’. The carer does not sacrifice herself as the carer, for example, when a teacher is in dialogue with her student, the acknowledgement and additional knowledge she receives from her student is not seen as burdensome but rather the teacher feels she is receiving and giving of her care concurrently (Noddings, 1984). ‘Caring is, thus, both self-serving and other-serving’ (Noddings, 1984, p. 99). In the care concept, there is a clear distinction between the ‘caring for’ and ‘caring about’ where the former refers to the direct and personal interaction between the carer and the cared-for. The latter is distant, with the absence of a direct interaction and necessitates an eventual transition into the former for effectiveness (Noddings, 2001). Caring, however, cannot eventuate into empathy, likened to feelings for an individual (Noddings, 2012a, 2012b). This is to prevent an individual from making assumptions and responding too hastily to the expressed need instead of undergoing further investigation into the expressed need of the cared-for, thus creating unnecessary misunderstandings.

### **Care ethics as a reciprocal relation**

A caring relation requires a carer and a cared-for. The carer begins by being attentive to the cared-for, putting aside her own values and agenda, and attempts to understand the needs of the cared-for (Noddings, 2010, 2012a). When the carer is totally involved in the caring and in ultimate receptivity towards the cared-for regardless of the message conveyed, this is referred to as sustained receptive attention (Noddings, 1991, 2012b). This phase of understanding the cared-for is administered through listening. Listening permits the carer to comprehend the experiences of the cared-for and their expressed needs (Noddings, 2012a). Noddings (2012a) believes that listening involves both emotion and intellect. Intellectual listening allows the carer to decide on the next course of action to undertake, preferably to respond positively to the cared-for (Noddings, 1984). Nonetheless, as the cared-for, there is a hope that their expressed need will be heard. If the need were unable to be fulfilled, the cared-for would like the need to continue to be regarded and treated with respect. As a reciprocal relation within the caring relation, the cared-for has a role to play. The contribution as a cared-for to the relation is to reciprocate and indicate the receipt of the caring. This recognition completes the caring relation, providing the carer with an indication that she is on the right track. The lack of reciprocation indicates an absent caring relation regardless of the attentiveness displayed by the carer (Noddings, 1984, 2001, 2005b, 2007, 2010).

Carers cannot be distinguished by specific actions due to the subjectivity of the manifestation of caring which may require a variety of responses (Noddings, 1991). For example, as Noddings (1984) illustrates, Mr Smith, a son who has his mother in a nursing home but has not visited, called or written to her except for paying for her confinement. One may point out that he does not care for his mother but is unable to be sure until they have spoken to him. He may say that he cares enough to pay for her confinement, constantly thinks about her and would like to visit her more but is too busy with work, his wife and children to be able to visit her. However, he is certain that his sisters are providing her with company and if this is so, he actually does care for his mother due to the engrossment he experiences as the one-caring. Carers are able to describe their state of consciousness in the administering of the caring experience. In genuine caring encounters, carers can feel the transmission of energy flowing for the cared-for, desiring to assist in achieving the goals of the cared-for and fulfilling their needs (Noddings, 1991). These characteristics described by the carer are known as ‘sustained receptive attention’ and ‘motivational displacement’. The temporal transference of the energy the carer puts in her loves, goals and ideals into the cared-for is known as motivational displacement (Noddings, 1991, 2012b).

### **Schools as caring centres and coercion in care**

Schools have always been deemed as places to educate and groom acceptable citizenry (Noddings, 1988). Schools have provided opportunities for individuals to learn and acquire good habits and skills; such as, “hardworking, thrifty, good planner, literate and temperate” (Tyack & Hansot, 1982, p. 28). Organisations, with pressures from policy makers have formulated a set of assumed needs for students. Care ethics differentiates expressed needs and assumed needs of the cared-for. Expressed needs are referred to as the needs articulated or inferred from the cared-for whilst assumed needs refer to the needs the carer presumes the cared-for requires. In this instance, the carer can be referred to as either the teacher or the organisation making the assumptions (Noddings, 2012a). The assumed needs organisations have made are reflected in the curriculum presented to the students and the set requirement of having to obtain a minimum score through standardised tests, positioning academic scores as a focus and priority (Noddings, 1988, 2001). With this academic emphasis, teachers being representatives of organisations, have been pressurised by principals and superintendents to retain their jobs as teacher quality is determined by students’ test scores. Teachers need to strike a balance between academic achievements for the students and caring for them (Noddings, 2001, 2012a).

At times, teachers have been coerced into using care in a virtue sense, where they identify themselves as having administered care in the best interests of the students but have not been recognised by the students as having been cared for (Noddings, 2001). Nonetheless, teachers recognise the amount of effort and hard work they have contributed and credit themselves with caring, which in the virtue sense is right (Slote, 2000). This discrepancy in the recognition of care between the carer and the cared-for poses a dilemma, as a caring relation requires a response from the cared-for. However, coercion is sometimes necessary when teachers care for their students and that puts the relation at risk, for example, a teacher realises her student is dabbling with drugs and she needs to coerce him to stop by informing his parents and perhaps the authorities. This may not be what the student wants but the teacher recognises that it is for the child's best interests for the required action. In this case, the teacher will have to articulate to the student how she will continue to support him to battle the drug abuse. Additionally, the cared-for, who is the student needs to be permitted to express their hurt with help and offered alternatives. After every act of coercion, negotiation follows rather than authoritative demands for compliance (Noddings, 2001). In these scenarios, the teachers are probably using care in the virtue sense, whereby they feel their demands work in the best interests for the students and are contributing hard for their wellbeing (Slote, 2000).

An essential requirement in administering care is the face-to-face encounters with people in order to build relations. Organisations are unable to directly care for the students; they can only assist in building caring environments that are conducive for their representatives to implement the caring (Noddings, 2010). In schools, teachers are positioned ideally to execute care towards their students due to their proximity and opportunities for daily direct contact with the students. Nonetheless, superintendents occasionally behave in a dictatorial manner towards their teachers, claiming the need to execute tough measures for the benefit of the students. However, they fail to comprehend that through the provision of their support for their teachers, they would otherwise have encouraged a favourable environment for the teachers to care more effectively for their students (Noddings, 2001).

### **Characteristics of teachers as caring teachers**

The teaching enterprise is more than the production of intellectual beings but includes also the nurturing of acceptable beings who are able to demonstrate compassion, care for the older and younger generations and work diligently (Noddings, 1988). The basics that mothers are interested in rearing their children are presented in three ways, preserving their lives, raising them and moulding

them into acceptable citizenry (Ruddick, 1986). Teachers, like mothers, contribute to the moral development of their students.

Teachers as educators are required to be committed to augmenting students' capacity to care in preparation for the students to undertake this task (Noddings, 1991). This is aligned with how teachers hope that the personal ties formed with students can enhance the possibility of their students continuing to proliferate the caring relation (Noddings, 2012a). Caring teachers desire for their students to develop caring attitudes, which they can bring into adulthood, to their community and professional lives. These can be accomplished by possessing a caring relation with the students, which can be developed through having a broad understanding of the students and intellectual capabilities to respond appropriately to their needs (Noddings, 1988). Caring teachers listen to and respond to their students according to their needs. Students may not always articulate their needs directly but teachers can decipher through interaction and communication with them (Noddings, 1988, 2005a, 2006).

Care ethics positions teachers as carers who are interested in the expressed needs of the students, instead of those of the stipulated curriculum and organisation (Noddings, 2012a). Students may express their needs during interaction with their teachers and teachers will be able to use their professional judgement to ascertain the type of response to provide. They will not ignore any assumed needs, that is, those that are expressed through the curriculum, but will address the more basic needs expressed by the students (Noddings, 2012a). The expressed needs of the students may not coincide with the responses provided by the teachers (Noddings, 2006). Nonetheless, the teachers have to furnish a response to the students to maintain the caring relation. With the varied and wide range of needs students may have, teachers need to be intellectually competent with a broad base of knowledge to be able to respond appropriately (Noddings, 1999). Noddings (1991, p. 215) argues that the competency of teachers will aid in the caring process as,

*'competent teachers who, as carers, want to respond to the voiced and unvoiced needs of their students must have what might be called latitudinal knowledge. They should be able to draw on literature, history, politics, religion, philosophy, and the arts in ways that enrich their daily teaching and offer multiple possibilities for students to make connections with the great existential questions as well as questions of current social life.'*

## **Undertaking care ethics in teaching**

In undertaking care ethics in teaching, both the teachers and students bring their own subjectivity into the relation but teachers take responsibility in the directing of their students towards a moral and objective choice (Noddings, 1988). Whilst building a relation, if the students' needs are congruent with the morals of the teacher, the teacher may experience motivational displacement whereby she may divert her energy towards the needs of her students (Noddings, 2010, 2012a). This phase is often simple especially if it involves students requiring help in their academic area and turning to their teachers for assistance (Noddings, 2012a). According to Noddings (2012a), teachers rarely reject students whenever they require help in their academic area and often are more than willing to assist them even if it is beyond curriculum time.

Noddings (2006) notes that the learning needs of the students rarely coincide with the learning needs intended for them by the teacher and organisation. Additionally, this disequilibrium can occur when a student expresses a need that is contradictory to the moral belief of the teacher or against the objectives of the organisation such as hating school or the subject area of expertise of the teacher. In this instance, motivational displacement will adopt a different form (Noddings, 2010, 2012a). This may occur when a student indicates that he is unwell and is unable to participate in the PE lesson but the PE specialist overhears him telling his friends that he did not participate due to his dislike for that particular sport done in the lesson. The PE specialist will have to respond positively to maintain the caring relation and engage in a conversation afterwards with the student to reconcile how the PE specialist can assist the student so that he will participate in future PE lessons. Noddings (2010) suggests that the teachers can explain their position and persuade the students to reconsider their choices instead of engaging in a debate on who's right or wrong. Noddings (2012a) notes that teachers have a responsibility towards the organisation and their academic expertise. Nonetheless, deep within, they possess a moral responsibility towards their students.

Regardless of the expressed needs of the students, the teachers as carers have to respond positively to them after listening and reflecting (Noddings, 2012a). This may require the teacher to engage in conversations out of the subject matter, temporarily putting aside the demands of the organisation and her personal values and beliefs which conflicts with the expressed needs of the students to remain positive and maintain the caring relation (Noddings, 2010, 2012a). This can develop when a PE specialist realises that a student has taken up smoking, which is a risk factor, from the cigarette smell that is on him. The PE specialist will have to counsel the student on making the right choice that displays positive health promoting behaviours and inform related agencies, such as their

parents or the authorities if they are underaged, and explain to the student about the necessity of the decision made.

### **Moral education as an ethic of care**

Looking from the viewpoint of care ethics, the objective of moral education is to produce individuals who will undertake caring relations. In order to achieve this, modelling, dialogue, practice and confirmation are involved (Noddings, 1988, 2002, 2010). Noddings (2010) believes that every form of moral education depends on modelling to some degree, for example, in order to teach virtues, teachers must demonstrate these virtues so students can model after.

Modelling is not restricted to intellectual activity but includes favourable ways of interacting with others. Teachers who model caring are those who are not only interested in their students' academic results but also in their moral development, for example, PE specialists express their interest in their students, reminding them about certain behaviours they exhibited, regardless of their skills and abilities in PE and sports. They execute it through firmly encouraging self-affirmation in their students. Teachers will treat their students in a similar manner, with respect and consideration, encouraging them to treat one another in the same way (Noddings, 1988).

Dialogue accompanies modelling and through dialogue, teachers are able to enable students to understand the rules that govern some moral principles (Noddings, 2010). It is essential that dialogue is open and present to be able to hear and understand the thoughts of the students. When teachers hear that their students' thoughts and ideas are slightly deviated from the curriculum or moral development, teachers can explain the consequences of their actions if the pathway is taken instead of engaging in a conversation to convince them to undertake the correct action and probably jeopardise the relation (Noddings, 1988). This does not require the teachers or students to compromise on their principles but with considerable negotiation and mutual discussion, an agreement can be reached that could be of benefit to both parties. Both parties need to have a reasonable relation built on trust and additional time required for such a dialogue to take place (Noddings, 2010).

Caring teachers hope to develop students who will care and this requires providing them with opportunities to practice care (Noddings, 1988, 2010). This can be developed through the administering of group work for the students and reminders for them to work together and help one another (Noddings, 1988, 2010). Teachers can create an environment where students can develop

caring through supporting one another, opportunities provided for students to interact with one another and monitoring the quality of interaction (Noddings, 1988).

As much as teachers are interested in developing caring individuals, it is especially important for them to confirm their students. Buber (1956) explained confirm as an affirmation and teasing out the best characteristics in others. This means when a positive attribute is recognised, the development of this attribute is encouraged. Hence, confirmation can only be done when there is a close relation between both parties such that one is able to see what the other would like to become (Noddings, 2005a). Teachers play a role in assisting the young child's construction of their personal self and directing them to envision their good healthy self (Noddings, 1988). The affirmation a child receives will enable him to continue with the positive acts and construct his ethical ideal to become an acceptable being (Noddings, 1988). Noddings (1984, p. 193) ascertains the importance of confirmation,

*“When we attribute the best possible motive consonant with reality to the cared-for, we confirm him; that is, we reveal to him an attainable image of himself that is lovelier than that manifested in his present acts. In an important sense, we embrace him as one with us in devotion to caring. In education, what we reveal to a student about himself as an ethical and intellectual being has the power to nurture the ethical ideal or to destroy it.”*

### **Critique of care ethics**

Feminist theorists have criticised care ethics as neglecting the history and cultural background of women, in that women demonstrated caring due to the oppressive conditions they were placed in for survival (Held, 1993). They assert the normalised lack of reciprocity for the caring exhibited by the women, where the expectations of caring is taken for granted. Furthermore, the morality of gender inequalities is marginalised by care ethics, which implies the promotion of negative self-care (Held, 1993). Bowden (1997) argues that care ethics is constitutively based within the private relationships domain and lacks the ability to translate into the public relation domain where impersonal values and relations reside. Noddings (1988) believes that for teachers to teach moral education using caring relations, more time is required with the students in comparison to the current allocated time.

Whilst a successful caring relation will lead to favourable benefits, the reverse could be detrimental. Unreciprocated caring by the cared-for can lead carers to exhaustion, that is, burnout (Noddings,

1991, 2010). Noddings (2010) mentioned that the care theorists concerned with balanced caring speak of what seems to be the balance between cared-for those around us and cared-about those at a distance. Notwithstanding the difficulty in maintaining a caring relation, the lack of systematic exposition of criteria for caring makes it difficult to ascertain the presence of a caring relation (Noddings, 1984). This contributes to the difficulty in establishing a relation as caring due to its intangible nature.

Mendus (1993) and McCuaig (2012) have indicated the great emphasis of care as problematic, resulting in carers bearing the burden of welfare provision. Furthermore, Hargreaves and Tucker (1991) ascertain that teachers understand the importance to care but due to the lack of consensus on the limits to care, feel they can never care enough. Additionally, the greater the importance a teacher has placed in the area of care, the greater the disappointment when they fail to provide it (Hargreaves & Tucker, 1991; Isenbarger & Zembylas, 2006). On the other hand, Spilt, Koomen and Thijs (2011) and Hargreaves (2000) contend that teachers thrive upon teacher-student relationships, which invigorate teachers and improve their wellbeing. Teachers' wellbeing has been found to affect their ability in fostering personal relationships with children, which is an essential component within relational ethics (Spilt et al., 2011).

## **Conclusion**

Teaching presents many opportunities for caring occasions and if relations and trust are successfully built, students will be ready mentally to learn the prescribed curriculum (Noddings, 2012a). A student who presents an expressed need to the teacher seeks to have it fulfilled and when the teacher achieves that, the teacher is able to elicit his cooperation to learn the presumed needs stipulated by the organisation. Alternatively, the student and teacher may mutually agree to reject the presumed need if found unsuitable for the student and redirecting the student who could be suited for another pathway takes place (Noddings, 2012a). With a caring relation present, teachers could well be successful in reproducing caring people ready for a caring society.

## **Health related caring teaching**

In light of Noddings' theory of care ethics, this section documents and analyses the health related caring teaching executed by the three participants that was recorded during the observations. Through analysis, this category accounts for actions that do not support any curriculum or policy



work required from the PE specialists. It is realised that some of the work done by the participants originated from their desire in wanting to contribute to the health of the students.

Eve has demonstrated how observant she is towards her students on a daily basis. She portrays her interest in the students' wellbeing and in particular their health instead of what is required of her as a PE specialist. Some examples that represent her commitment to her students and the conduct of health education in the area of mental health include her understanding of most of her students and showing care to her students through enquiring about their recent status, which she dedicates about five to ten minutes at the start of the lesson. Being the sole PE specialist in the school for 12 years, Eve teaches all the students in her school and would have taught all the students for up to eight years for the students in Year 7. Her understanding of her students includes knowing every student by name, their family background and rapport established with them and their parents.

Eve takes notice of the students at all times whenever she is walking around the school and if she realises something amiss such as a student limping, she will show her care by asking the student what had happened, including the current status of their injury. This enquiry may not be immediate if the student was a distance away and Eve having a class with her. Nonetheless, she will ensure she checks for the wellbeing of the student either looking up the student the next day or wait until she has a lesson with that class the student is in. She realises when a student has been absent for a while and will enquire the reason for their absence when they return. A student whose brother was sick was transferred to the hospital school for a few months returned back to the school when his brother was discharged. Eve had the class welcome the student back and chatted with his mum about the condition of her child.

In winter, the students wear jumpers to school and to their PE lessons. After the students are warmed up, Eve will urge them to remove their jumpers and reiterates how this will prevent them from falling sick. This exhibits the implicit teaching of "health promoting behaviours of individuals and groups related to physical wellbeing" within the HE curriculum (QSCC, 1999, p. 24). She will remind them to put on their jumpers before they leave the sports hall and back to the cold outside. Whenever the students head to the bubblers for a drink, Eve will remind them about keeping themselves dry. The students enjoy playing at the bubblers and ended up wetting themselves. Eve has managed this by coupling a time out and having students dry themselves before entering the sports hall to serve as a deterrent.

During a before-school duty Eve was observed chatting with a student who was moving to Cairns and asking how the student was feeling. She was concerned about the student's psychological preparation and reassured her about her sociable character, which will aid in her ability to find new friends and adapt easily into her new environment. On a separate occasion, Eve saw a student whom she remembered had lost his best buddy and she demonstrated her care towards this student, showing concern for his emotional health. A student with cerebral palsy loved sports but was feeling discouraged due to his constant losing to his other able bodied classmates. He casually mentioned a few times to Eve about him never having the opportunity to beat his classmates and was getting upset. This prompted Eve into arranging for the student to be classified so he could participate in district sports with others with similar disabilities as a form of encouragement for this student to be continually active in sports.

This is similar to Chris who teaches in a school that caters for students with special needs. In order to accommodate a student with autism in the class who had lost his headphones to block out extra noise, Chris provided assurance to the student that she would not blow her whistle for the lesson so he did not have to keep his hands on his ears. This demonstrates her implicit teaching of HE in ensuring her student's mental wellbeing and safety. Furthermore, Chris has been observed to assist in pushing the students on wheelchairs around for the relays in class so they will participate in the lessons. During usual lessons, there are students who will alternate to assist their classmates in the lessons but there are occasions when the students are keen to participate in the lessons on their own and Chris will then take charge of assisting these students who require assistance.

Chris places utmost importance on the physical safety of her students during her PE lessons. She consistently checks for their wellbeing prior to every lesson and students who are unwell or have yet to fully recover from their injury, will not be permitted them to participate in the lesson. There have been a few occasions where students who were injured requested to participate in the lesson but as they were still recovering, Chris had to reject their request. Upon rejecting them, she will explain to the students about the risks they could face if they had participated without having a full recovery. For example, she explained to a student who had broke his arm that he could not participate because if he did not allow his arm to recover properly, the orthopaedic may have to break his arm again and let the bone fuse properly.

Students approach Chris for advice and at time for her assistance. There was an occasion during her playground duty whereby a student sought her assistance to pump up his ball. Chris examined the ball and informed the student that his ball had burst from the inside and it could no longer be

pumped. Chris provided him advice on places to purchase a new and reliable ball upon seeing how upset he was as his ball was new.

Dealing with many students who have experienced at least one traumatic experience in their lifetime, Maria hopes to provide a safe and supportive environment through sports. The experiences of the students include living in war torn areas and witnessing family members having taken from them. Some have had to leave their children and partner behind in their home country to come to Australia. Hence with the profiles of students that Maria has, her concern is ensuring they feel comfortable around her and in building rapport with them to improve their mental wellbeing. Maria is often seen chatting with her students along the corridors regardless of whether she has students with her. Students enjoy and want to chat with Maria even when she is leading a class to the oval for their lesson. This has enabled her to develop a rapport with them and allowed them to feel at ease with chatting with her about the turmoil they have been through.

Maria ensures that every student who calls her along the corridor is acknowledged. There was an occasion where a student called her over to his class through the window to show her a rugby team's poster, and engaged in a brief conversation with her through the class window as she was leading a class to the oval. The student is renowned in the school for being problematic but has trusted Maria through the year she has taught him and hence displayed less behavioural problems during her lessons.

Maria is observant towards her students and has seen students without morning tea or lunch prior to dismissing them for their break. She questions them about having food for the break and students who have indicated that they had forgotten to bring their food to school, Maria will recommend them to head to the school office and there will be food available for them. During one of the lunch breaks in school, Maria walked past the basketball court and saw a student up on the roof retrieving a ball. She waited patiently for the student to get off the roof before reminding him on the various channels he could turn to for help if the incident occurs again and advised him not to do it again as it was too dangerous.

On a separate occasion, Maria was organising a team of boys for an external soccer competition and a student approached Maria wanting to participate in the competition. Maria had to reject him and explained to him that for his safety, she is unable to allow him to participate as the other players are big built compared to his small stature and his participation will jeopardise his safety. The student understood and appreciated Maria's concern for him, even offering his assistance and support for

the day's event. There was another soccer friendly match where a student got hurt and had to be assisted off the field due to his knee injury. Maria bandaged his knee with an ice pack and aided in contacting his guardian to pick him up. However, they expressed their unavailability and Maria arranged with the school to pay for the student's taxi ride home. She accompanied the student to wait for the taxi before heading home.

Maria's rapport with her students is further evidenced through a student giving her a cake for the student's birthday. Based on the student's financial circumstances, the purchase of a cake for Maria will seem extravagant but yet she generously did so despite it being her birthday. Maria refused to accept telling her that she should take the cake to celebrate with her friends instead of giving it to Maria. The student insisted Maria should take the cake and they arrived at a consensus that Maria would keep the cake temporarily and take the cake to look for the student with her friends to celebrate the student's birthday.

These actions all demonstrate the teachers' passion and enthusiasm in making a difference in their students. They interacted with their students catering to their individual needs and were strongly involved in wanting to build rapport with their students so the students had an avenue they could turn to if they required. Eve had built rapport with both the parents and students over the years and the amount of time and effort she has put in cannot be dismissed. Without her care for her students, she would not be able to preserve this level of interaction with them through the 12 years she has been in the school. Her interaction attempts to educate the students and provide assistance for them to preserve their skills and knowledge in seeking help when necessitated.

Conversely, Chris demonstrates her care in a different way, believing in the provision of varying views to the students, so that they are able to make informed choices, such as if they approached her to ask about the risk effects on the consumption of sugar, Chris would tell them about the risks and benefits so that they would not totally dismiss the consumption of sugar. She believes in providing them with a holistic point of view instead of only the adverse effects, in other words, the use of scare tactics. Chris mentioned the lack of time during curriculum time for her to build rapport or transmit any knowledge, hence she does it subtly and often through opportunities such as walking the students to and from their classrooms to the oval, taking them for interschool sport and when they obtained a time out.

Both Maria and Eve have adopted similar actions in building rapport with their students. This similarity could be attributed to both Eve and Maria having received their education in Australia

and have had similar experiences, hence brought this culture into their own teaching. The major difference in Maria's school is the lack of parental involvement as compared to Eve's school. This could be due to the age group of the students in which Maria has much older students in her school as compared to Eve, and the family circumstances of the students in Maria's school where some of them may not know English and hence are detached from the school's happenings. This can be evidenced by the findings of Pomerantz, Moorman, and Litwack (2007), who asserted that parents with lower SES were less likely to be involved in school meetings and parent-teacher conferences. This could also be attributed to how lower SES parents perceive their roles in their children's education as residing with the school instead of home (Barnard, 2004; Gillies, 2008). Some students are staying with their guardians in Australia instead of having their family here. These could contribute to the limitations Maria face in building rapport with parents. Maria understands the life experiences her students have faced previously and would like to assist in their building of confidence by ensuring they are safe and comfortable.

The common ground for three of the participants are their impartation of health knowledge relating to the engagement of physical activity to their students. They are not concerned with the need for competition but more focused on the participation in sports and physical activity demonstrated through building a safe environment for their students. They comprehend how building rapport assists them in achieving their means of transmitting the purpose of the importance of physical activity in physical health and in building their students' psychological health. Amongst the three participants, Chris is the only participant who has children of her own and has utilised her experience in this area by developing their independence. Eve has demonstrated similar nurturing of their independence through having the students take responsibility for themselves and their actions and plans activities that can be harder for the students to achieve so they are able to construct their own learning. Eve attempts to care for the students in hope that they will be able to care for others when they leave school into their adulthood. She has no idea how this care is translated, but she obtains feedback from the parents on their behaviours at home and believes that if she manages to impact only a student, she would have accomplished her mission.

On the other hand, Maria has developed empathy for her students and wants to provide them with the assurance that she understands and they could approach her if they required any assistance. She may not be able to provide them with all their needs, but she attempts to try her best and assist them in seeking help if required. Both Eve and Chris are the only PE specialists within their schools and appeared to have fully undertaken the roles of being a promoter of health and encourager of physical activity, which coincides with Green's (2000a) findings of PE specialists' philosophies of

health promotion as part of health functions within PE. However, Maria is a new PE specialist in her school and has a colleague who has been in the school for a longer period of time as a PE specialist whom she takes instructions from. Additionally, her classroom identity as a mathematics and science teacher causes her to lose some of her PE specialist identity and enables her to see the contributions of other teachers in the health aspect of the students. As a science teacher, she has had to include multiple health objectives from the HPE curriculum and hence is able to get a glimpse of how other teachers contribute to this area. These assist in diminishing her identity as one who is a health promoter whereas Eve and Chris have assumed the greater ownership of this subject area.

To understand this health related caring teaching, Noddings' ethics of care was appropriated to account for the work within this category and expounded upon in the following section.

### **Teachers demonstrating Noddings' ethics of care**

According to Noddings' (1991) care ethics, she describes caring as a relational attribute that requires the contribution of two parties for its validity. The teachers have consistently demonstrated their constant relationship building with their students, for example, Eve knew that a student was moving to Cairns and during one of her before school morning duty, she saw the student and went over to her asking her about the progress of her preparations for the move. The student expressed that it was going fine except that she knew no one in Cairns and was feeling nervous about heading there as well as missing her friends in Brisbane. Eve enlisted her knowledge based on her relations built with the student and drew upon her understanding of the student's sociable character, reassuring her that she would be able to make new friends quickly. She reminded the student that she could continue to keep in contact with her friends whilst learning to manage both sets of friendships she would have. In order for Eve to engage in the conversation, she required a certain level of understanding of her student, which she has established over the years.

Noddings (1984, 2001, 2005b, 2007, 2010) continues by stating that the cared-for needs to respond and reciprocate the caring exhibited by the carer for a valid caring relation. Maria had a student who was having a birthday and she brought a cake to school. At first instance, it appears to be legitimate, as she has brought the cake to celebrate her birthday with her friends. However, she gave the cake to Maria and wanted Maria to bring it home to consume the cake. Maria initially declined commenting that it was the student's birthday and Maria should have been the one giving her a cake. Additionally, Maria understood how much toil it would have taken of the student's family to

buy a cake for her, as they were not well off. However, upon the insistence of the student, Maria negotiated with the student that she would keep the cake and bring it out during lunch break to share with the student and her friends to celebrate her birthday. This demonstrates the student, as a cared-for is reciprocating Maria's daily caring for her.

Noddings (1984, 2001, 2005b, 2007, 2010) mentions how listening entails being involved both emotionally and intellectually. The intellectual listening commands a response, preferably one that is favourable towards the cared for. This was demonstrated by Eve having 'listened' to a student with cerebral palsy and his expressed need for fairer competition. Consequently, Eve assisted in preparing the student for classification so that he is able to compete with other students at his similar level rather than his constant competition with able-bodied students, which had ended up discouraging him. Nonetheless, not all responses can be positive but a great deal of respect will aid the cared for in overcoming the disappointment. Chris demonstrated this respect when a student approached her during her playground duty indicating that his new football had burst and he required assistance from her. However, upon further examination of the ball, Chris realised that the ball had burst from the inside and no amount of air pumped could regain the ball to its original condition. She provided advice to the student to be honest and inform his parents about it. She continued and advised the student against purchasing balls from Ekka, an annual agricultural show of Queensland but from reputable sports shops instead, which will stock better quality balls. The student continued to be upset but was thankful for the empathy Chris shown towards him and indicated receipt of her care through nods of acknowledgement.

In line with Armour and Jones' (1998) study on a group of PE teachers, the three participants in my study demonstrated their care involvement relating to the students' social and moral education. Noddings (1984, 2012a, 2012b) has acknowledged care ethics as an approach to moral philosophy. The teachers recognised and demonstrated this through the observations, such as taking opportunities to educate the students about abiding by the rules when they complained about the decision made by the referee, incorporating sportsmanship in their games and thanking their opponents for the game. Noddings (2010) stated that every form of moral education depends on modelling to some degree, which the teachers are demonstrating.

Have the teachers cared for the students in accordance to Noddings' definition of care? According to the strict requirements of Noddings' ethics of care, the act of caring requires receptive attention (listening), response to expressed needs, and reciprocity displayed from the cared-for to indicate that the efforts to care have been received. Based on the three weeks of interaction with the

teachers, observations recorded and interview done, Eve, Maria and Chris have indeed demonstrated all the three essential signs represented by their actions and responses within the observations to indicate the presence of a caring relation (refer to Appendix G) (N. Noddings, personal communication, March 5, 2015). Eve has shown her relationship with her students is based upon natural caring whereby it is congruent with how Noddings (2012b) believes that natural caring will invigorate both the carer, and the cared-for. When Eve was questioned on whether it was exhausting for her to be involved in the students' wellbeing to the extent she has invested, Eve said that dealing with the students is not onerous. She explains about the relationship she has with her students and how they encourage and build one another. Maria hopes for her students to feel emotionally safe and to trust others in a new environment they have been placed in. Consequently, she has taken on every opportunity to build rapport with her students and they have indicated their receipt of her care. They responded through verbally thanking her, showing eagerness to interact with her and expressing their dejection when they were leaving the school after graduation. Chris has demonstrated her care through her desire to equip her students predominantly with health related knowledge, but some elements of care for their biophysical and psychosocial health are also evidenced, such as not allowing the student who had broken his arm and had yet to fully recover participate in the lesson and explaining to him the possible consequences advising him to be mindful of the recovery process his arm required. Additionally, Chris also demonstrated signs of virtue care, whereby students obtain a time-out when they compromise on the safety of themselves or their peers, or when they do not obey rules during their activities, which could be attributed to the different educational and cultural background she has experienced that was expressed during conversations that they adopt stricter practices and she believes her actions are for the good of the students. Nonetheless, the gender of the teachers as females exemplifies their caring appropriated during their teaching (Blackmore, 1999; Daly, 2002).

The exhibition of Noddings' ethics of care the teachers undertake within this study is contrary to what Armour and Jones (1998) have found, where they concluded in their study that the teachers in their study were not undertaking Noddings' ethics of care, but caring about the physical. I agree with Armour and Jones (1998) that the teachers have enacted caring to arbitrate the lenses they possess in their subject matter with their interests in the health and wellbeing of their students. However, the disagreement manifests as the PE specialists in the study have demonstrated Noddings' ethics of care to underpin the health related work they execute, instead of the converse claims Armour and Jones (1998) have purported. This major difference between conclusion of Armour and Jones (1998) and this study, could be attributed to the rich ethnographic work present in this study, which provided opportunities for the researcher to capture and ascertain the caring



relation taking place through actions and responses rather than only through interviews or focus groups. Additionally, perhaps the younger students that the PE specialists are interacting within this study permitted for the more obvious exhibition of reciprocity during their daily interactions with their teachers compared to older students who may not display their appreciations as readily.

### **The cost of caring**

The teachers have undoubtedly engaged in care work in schools. Education is a profession where care work is prominent and probably essential since it involves young children who need care for their development (England & Folbre, 1999). The teachers have embraced their role in the execution of care work without realisation of the work they are doing but with pure belief that it is essential they engage in this work for the good of their students. They have been motivated by the sense of satisfaction they obtained from this work without asking for additional remuneration. However, there is a caution that this could result in developed motives within the execution of care work over time, especially after the initial benefits derived from nonpecuniary aspects decline over time (England & Folbre, 1999).

Currently, the teachers have invested in this care work and have done so at the expense of curriculum time, the teachers' non-contact time and probably their mental wellbeing. The PE specialists in this study have not indicated any compromise to date on their mental wellbeing and to the contrary, Eve did mention that interacting with and investing time in the students is not onerous. This is similar to the findings of Acker (1995), who found that the teachers in the school cared for the students and created a culture of caring amongst them. However, this may not be consistent for all teachers, whereby some teachers may not have the experience or knowledge to handle this emotional aspect and end up feeling exhausted or deem it as burdensome (Hargreaves, 1994; Isenbarger & Zembylas, 2006). There is a risk that this may occur especially if their caring is not reciprocated. The teachers have utilised curriculum time to carry out the care work that was recorded during the observation period. Eve spends the first five to ten minutes of every lesson interacting with the students, Maria and Chris communicate with their students whilst leading students to and from their classes to the oval and this will slow them down and infringe into curriculum time. Additionally, Chris utilises her playground duty to chat with her students whilst keeping a close watch on the other students who are playing at the oval. During her lunch duty, she takes the opportunity to walk around the oval and chat with her students. The students appear keen to engage in conversations with her and eager to understand her interests over health-related

matters. She shared that when students ask her about her favourite sport, she reveals different sport to different students and they came to realise that she enjoys various sports. She utilised the opportunity to explain to them that she enjoys all forms of physical activity and helped them to understand that they can enjoy physical activity as well.

The other expense of care work is the teachers' non-contact time. Chris was observed to have spent most of her non-contact time training and preparing students for district games. These include various groups of students participating in different field events and students with special needs participating in the district Paralympic sports. This additional training she provides aid in better preparation of the students and gives them greater confidence to participate in the games. She is constantly checking on the students to ensure they are comfortable. On the other hand, Maria spent her non-contact time conducting soccer training for the females and encouraging them to participate in the activity. The soccer training was conducted as a friendly match with a neighbouring girls' school would be held. Additionally, Maria conducted soccer training for the males twice a week after school to prepare them for various upcoming competitions. In preparation of the upcoming match, Maria checked if the students had proper shoes, shin pads and socks for the soccer match and told them she would try to borrow some shoes for them if they did not have any.

### **Can care be taught?**

Despite the costs of caring within the teaching industry, it appears to be a characteristic that is essential for teachers to build good relations and communication with the students. This leads us to the question if care can be taught so all teachers are able to practice caring teaching during their lessons. According to Goldstein and Lake (2000), the pre-service teachers in their study perceived caring and teaching as intricately linked and care was innate in the pre-service teachers' beliefs as they entered initial teacher training. This correlates with Weinstein (1998) and Rogers and Webb (1991), where the teacher educators do know how to care but require a more explicit, broader understanding of the notions of caring and order, which can be incorporated in the teacher education curriculum. Additionally, this is enacted within the medical field where Barker (2013), believes that care cannot be taught as it is an innate quality. This is congruent with Noddings' ethics of care where she believes children do know how to care and can demonstrate care if teachers have role modelled to the students and provided them an environment filled with opportunities to practice care through group work within the class.

Within a PE lesson, there will be ample opportunities for care to be practiced through team sports and also the house system schools generally have in place. I postulate that everyone possess the knowledge and experience on how to care, similar to what Heidegger (1962) believes that the ability to care is inherent. However, I contend it is through their caring experiences that will lead them to begin assessing and evaluating the costs and benefits of caring. This evaluation will determine the amount of care they would like to contribute towards the students. The amount of care provided will also vary according to the presence and amount of reciprocity from the cared-for. This validates the actions of how some teachers start off as caring teachers and then deviating from that to teachers whose caring declined over time (England & Folbre, 1999) . The initial non-pecuniary benefits they derived from caring worn off over time, which led to a reassessment of the amount of care and time invested. When the amount of care put in has been appraised and the costs outweigh the benefits, reduced care results over time (Lahelma, Lappalainen, Palmu, & Pehkonen, 2014).

### **Calls for more research**

Notwithstanding the pertinence of Noddings' ethics of care in accounting for health related caring teaching, more research will be required in a few areas, one of which, is to assess the worthwhileness of enabling care ethics to be more tangible. This could aid in the increased widespread use of ethics of care if a certainty is provided on how care ethics can be represented through the data. However, at this stage, we are still unsure as to how to build further on Noddings' model of caring given that we possibly do not yet have a rich understanding of what is the evidence on the intangible caring.

The other admissible point is the orientation of caring within a HE domain, as Noddings' ethics of care is predominantly employed within a classroom setting. Notwithstanding the deficiency of health orientations in care ethics, the potential for its development was heightened when health related problematisations were exemplified as a justification for caring:

*“Teenage pregnancies nearly doubled between 1965 and 1985; the teen suicide rate has doubled in the same period of time; teenage drinking takes a horrible toll in drunk driving accidents and dulled sensibilities; children take guns to school, and homicide is the leading cause of death among minority teens; a disgraceful number of children live in poverty. And still many school people and public officials insist that the job of the schools is to increase academic rigor. In*

*direct opposition, I will argue that the first job of the schools is to care for our children.”*  
(Noddings, 1992, p. xiv)

Critiques of care ethics have asserted that altruistic caring probably cannot remain in the public domain, where teachers build and establish relationships with some students and move their relationships away from the public domain. Nonetheless, I do think that schools are unique public institutions whereby some students may spend more time with their teachers in schools than interacting at home with their parents. This is especially so when both parents are working, which correlates with Hofferth and Sandberg (2001) recognising the strong influences of school upon children as their time spent at home declines. It would be interesting to explore how altruistic caring can infiltrate the public domain within an educational institute given its peculiar positioning.

Lastly, the cost of caring has been significant for teachers despite the purposes and meanings they derive from caring. Fundamentally, this area will require a lot more exploration in the reconciliation of the cost of caring to the non-pecuniary benefits obtained from caring.

## Chapter 7: Conclusion

As discussed in previous chapters, this research study set out to document the health work undertaken by PE specialists in schools and comprehend the extent to which the specialists were engaging in this aspect of their work. Through a grounded theory approach using ethnographic study, the observations documented the various health work PE specialists execute in schools; predominantly implicitly where they deem the work they do to be routine and instinctive. The semi-structured interviews permitted in-depth understanding of the motivations of how the specialists viewed themselves as PE specialists and health workers and what they believed health work to encompass. To consolidate this study, I will revisit the research questions, which are:

- 1) What is categorised as health work in school settings?
- 2) What health work do PE specialists perform in their work?
- 3) How much of this health work can be identified as HE?
- 4) How do they understand their role as health educators?

Health work in school settings are closely related to the HE components within the HE curriculum. In fact, HE is subsumed within the health work undertaken in schools. Based on what was observed and in the literature, health work in school settings refers to any work that is health related, ranging from physical health to social, emotional and mental health. It includes policy work, where the fundamental initiation is to promote and improve students' health (Rossi et al., in press). On the other hand, HE in school refers to any combination of learning experiences aimed at assisting individuals improve their health through the influence of the attitudes and increasing their knowledge (WHO, 2012).

When the observations commenced, all actions of the specialists were recorded, both within and beyond the curriculum. The specialists were initially anxious, explaining that health was not their responsibility and that the responsibility of health resided with the generalists. Nonetheless, it was found that they were engaging in an abundance of health work. However, unbeknown to them, they did not feel they were doing anything that was additional or had any health related expectations imposed upon their work. They did not identify or associate the work they were engaging in, as health work. This is especially in the biophysical and psychosocial health of the students and the role modelling they were undertaking on how to be healthy citizens, where all the specialists articulated and spent a substantial amount of time constantly contributing in that aspect. **These three levels of health orientation, biophysical health, psychosocial health and healthy citizens' role modelling, aggrandise the uniqueness about the care PE specialists are executing.** This

ensued from their fundamental motivations to care for their students and undertook the caring teaching gladly without realising, through caring for their health. **The caring these PE specialists are enacting is mediated through the lens of their subject area and interests in the health and wellbeing of young people.** They were cognisant of the close associations PE had with health and believed that PE specialists should be ascribed with this responsibility of health. Furthermore, they expressed their confidence in their ability to undertake this area of health if they were provided with extra periods allocated to them within curriculum time.

During the analysis of the data, it was revealed that, whilst the specialists were executing health work, and elements of HE were exhibited in the areas of mental, social and emotional wellbeing, health promoting behaviours and safety. They were constantly thinking of students' safety in the planning of their lessons and used rules to reinforce the safety aspect within the activities, such as safety zones in activities, ensuring students had their shoelaces tied, providing guidelines to facilitate the directions of game play such as having students run in a certain direction as warm up and using the side lines of the sports hall to return to their starting position and ensuring equipment was neatly kept away in between periods. These actions contributed to the 'personal, social and community health' strand in the HPE curriculum, where "students will learn that personal and contextual factors, and individual and group actions, shape health, wellbeing, safety and participation in physical activity" (ACARA, 2012b, p. 8). The PE specialists were engaged in their students' social, mental and emotional wellbeing through role modelling and the articulation of their availability to provide support for them, establishing relationships with them and ensuring students always had someone they were able to speak with. The specialists often took time to check on the students, whether it was walking them to and from classes or simply having a casual chat with them along the corridors. Students who wanted to share their thoughts and feelings were never shut down, although the time spent would be determined according to the specialists' availability and relevance to the whole class, whether it should be done at a separate time to the lesson or not. During the conduct of PE lessons, students were provided with many opportunities to work in teams or partners, where they were able to practice their social skills with their peers, which in turn maintained their social wellbeing.

The specialists introduced and emphasised health promoting behaviours through various approaches such as rules, games and students' behaviours. Students were taught values such as honesty, to be respectful and to take responsibility for their actions. When they complained about the referees' decisions, which they thought were unfair, the specialists encouraged them to continue to be positive in their attitudes towards the referees and the game, likening those scenarios to professional

game play where the referees' decisions would be final and players having to respect them. Additionally, they were constantly reminded to engage in physical activity instead of sitting in front of their televisions or computers at home. Positive health behaviours were incorporated into games in Eve's lesson when they played 'flush the toilet' to remind them to flush the toilet and wash their hands after toilet use. When students went to the bubblers to have a drink, she would remind them not to wet themselves so that they would not fall ill. These demonstrate the health lenses PE specialists utilise to care for their students, which is privileged only for PE specialists.

This research study has demonstrated that PE specialists care and contribute to their students' holistic wellbeing, instead of only their physical health, which is their responsibility. It documents the work, including health work and HE work the specialists accomplish on a daily basis. With this evidence, professional developments can be organised to assist PE specialists in recognising the HE work they are currently doing and report on this work within their school as if principals mapped the work of HPE specialists, they would be able to identify the learning outcomes of the health in HPE within their work. The ability in them being able to account for certain aspects of HE will assist the school in concretising the health work executed by the specialists, without the specialists' engagement in extra work and yet be able to reduce the burden placed upon schools in continually trying to meet the health work expectations by various agencies.

Additionally, this could eventually lead to an increased status for PE specialists in taking the lead and undertaking components of HE as HPE teachers (Hickey et al., 2014; Lynch, 2015). This undertaking of HE is a feature of the new Australian curriculum in requiring PE specialists to become HPE teachers (ACARA, 2012b; Hickey et al., 2014). The current implicit nature of this work makes measurement and association to learning difficult due to the manner it manifests itself. This does not remain exclusive within Queensland, Australia but extends towards Singapore where it is currently undergoing a curriculum reform to include HE into PE as HPE (MOES, 2013). This demonstrates the consistency of the case in Singapore with a global move towards the inclusion of health within HPE (Pühse et al., 2011). Additionally, the research journey undertaken has shifted my perspective of the incorporation of HE into PE, providing a more convincing stance on how PE specialists can take on the responsibilities of HE.

Notwithstanding the three case studies conducted within this research study that may not necessary be representative of all the PE specialists in Queensland or Australia, this research study provides an avenue for further research to be executed with a larger pool of participants and the inclusion of male participants to substantiate and account for the health work of all PE specialists.

Furthermore, in recognition of the imperfections of Noddings' framework in accounting for health oriented caring teaching, richer work is required surrounding the health orientations, which the PE specialists' have adapted. Additionally, if the health related caring teaching is to be made explicit, what is required to empower the PE specialists so that it is a palpable and reportable outcome?

Lastly, this study can be coupled with new research driven to explore health work executed by generalists to consolidate the health work executed in schools and allow the public health sector to identify and reveal the gaps through matching their expectations with the reality in schools and assist them in closing those gaps by undertaking those aspects of health work.



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## Appendix A

### Education Queensland ethical approval



Department of  
Education and Training

7 May 2013

Miss Melisa Chong  
School of Human Movement Studies  
Connell Building  
University of Queensland  
ST LUCIA QLD 4072

Dear Miss Chong

Thank you for your application seeking approval to conduct research titled *Exploring the role of Queensland Primary PE Specialists in the delivery of the Health and Physical Education curriculum* in Queensland State schools. I wish to advise that your application has been approved.

You may approach principals of the schools nominated in your application and invite them to participate in your research project. As detailed in the Department's research guidelines the following applies to the study:

- You need to obtain consent from the relevant principals before your research project can commence.
- Principals have the right to decline participation if they consider that the research will cause undue disruption to educational programs in their schools.
- Principals have the right to monitor any research activities conducted in their facilities and can withdraw their support at any time.

This approval has been granted on the basis of the information you have provided in your research proposal and is subject to the conditions detailed below.

- Perusal of and adherence to the Department's standard *Terms and Conditions of Approval to Conduct Research* in Departmental sites is required as outlined in the document at: [http://education.qld.gov.au/corporate/research/terms\\_conditions.pdf](http://education.qld.gov.au/corporate/research/terms_conditions.pdf)
- Any changes required by your institution's ethics committee must be submitted to the Department of Education, Training and Employment for consideration before you proceed.
- Any variations to the research proposal as originally submitted, including changes to data collection, additional research undertaken with the data, or publication based on the data beyond what is normally associated with academic studies, should be submitted to the research officer via email. Significant variations will require the submission of a new application.
- Papers and articles intended for publication that are based on data collected from Queensland state schools and/or Departmental sites should be provided to the Department for comment before release.
- Under no circumstances should any publications disclose the names of individuals or schools.

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Website [www.deta.qld.gov.au](http://www.deta.qld.gov.au)  
ABN 76 337 613 647

- You are required to contact the Department if you are contacted by the media about research activities conducted on Departmental sites or if you intend to issue a media release about the study.
- At the conclusion of your study you are required to provide this Office and principals of participating schools with a summary of your research results and any associated published papers or materials in hard copy. You are also requested to submit the documents in electronic format, or provide a link to an online location if possible, to [research.stratpol@det.qld.gov.au](mailto:research.stratpol@det.qld.gov.au). **Failure to provide a report on your research will preclude you from undertaking any future research in Queensland State schools.**

Please note that this letter constitutes approval to invite principals and teachers to participate in the research project as outlined in your research application. This approval does not constitute ethics approval or support for the general and commercial use of an intervention or curriculum program, software program or other enterprise that you may be evaluating as part of your research.

Research Services values your input into the research application process and is seeking your responses through the enclosed short feedback form. It is hoped that this feedback will enable Research Services to effectively assess whether its processes are efficiently streamlined, transparent and mutually beneficial to all stakeholders.

Should you require further information on the research application process, please feel free to contact Rebecca Libke, Senior Research Officer, Strategic Policy and Portfolio Relations on (07) 3237 0417. Please quote the file number 550/27/1311 in future correspondence.

I wish your study every success.

Yours sincerely



Dr John Dungan  
**Director**  
 Research Services  
**Strategic Policy and Portfolio Relations**  
 Trim ref: 13/145767

## The University of Queensland ethical approval



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

### School of Human Movement Studies

HEAD OF SCHOOL  
Professor Doune Macdonald

The University of Queensland  
Brisbane Qld 4072 Australia  
Telephone (07) 3365 6241  
International +61 7 3365 6241  
Facsimile (07) 3365 6877  
Email [secretary@hms.uq.edu.au](mailto:secretary@hms.uq.edu.au)  
Internet [www.hms.uq.edu.au](http://www.hms.uq.edu.au)  
CRICOS PROVIDER NUMBER 00025B

March 27, 2013

Ms Melisa Chong  
School of Human Movement Studies,  
Connell Building  
The University of Queensland  
St Lucia QLD 4072

Dear Ms Chong

Re: ethical review of the following project:

***Exploring the role of Queensland Primary PE Specialists in the delivery of the Health and Primary Education curriculum.***

Thank you for the opportunity to review your proposal. I am pleased to let you know that your project has been cleared in accordance with the ethical review guidelines at The University of Queensland. Your approval number is: HMS13/0227.

Please note that:

- (i) Amendments to any part of the approved protocol (however minor) should be submitted to me for consideration.
- (ii) Signed statements of informed consent should be kept secure in case we need to access them in the future.

I wish you well with your research.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Timothy J. Carroll'.

Timothy J. Carroll  
School of Human Movement Studies Ethics Committee

## Appendix B

### Participant Information Sheet



School of Human Movement Studies

The University of Queensland  
Brisbane Qld 4072 Australia  
Telephone (07) 33656240  
International +61 7 33656240  
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Internet [www.hms.uq.edu.au](http://www.hms.uq.edu.au)  
CRICOS PROVIDER NUMBER 00025B

#### PARTICIPANT INFORMATION DOCUMENT

**Researchers** Ms Melisa Chong (School of Human Movement Studies, UQ)  
Dr Louise McCuaig (School of Human Movement Studies, UQ)  
Dr Tony Rossi (School of Human Movement Studies, UQ)

**Title** *Exploring the role of Queensland PE Specialists in the delivery of the Health and Physical Education curriculum*

#### **Aims of the Research**

In recognition that children are of vital significance to Australia's future, the health and wellbeing of Australia's children has been placed at the centre of policy-making. Schools have been identified by the health sector as the ideal sites to promote health and wellbeing to children and thus the responsibility of children's health and wellbeing has been attributed to schools through policies and the health and physical education curriculum. Notwithstanding the importance that government and society have afforded schooling as a primary mechanism through which Australians can enhance and maintain positive health and wellbeing, there is little research exploring the extent to which Queensland PE specialists address (either formally or informally) health education learning outcomes. This project endeavours to work collaboratively with schools and PE specialists to explore the current contributions of PE specialists to the domain of health education. This project is particularly interested in exploring the contribution PE specialists may to the health education of pupils across a range of contexts including less formal delivery within extra-curricular contexts such as school sport or under the auspices of pastoral care. This study seeks to identify and describe such possibilities.

This research project is significant in that it will provide a comprehensive analysis and recognition of the PE specialists' contribution to health education aspects of the curriculum through their teaching and other roles in the school. An additional benefit of this research will be an assessment of the readiness of teachers in interacting with a new National HPE curriculum that has a stronger health focus due to be implemented in 2014.

We do not expect any direct benefits to people who participate in the study.  
Please inform us if any aspects of the study cause you concern because of your cultural, religious or traditional customs or beliefs.

#### **The Study**

There will be an observation period of four weeks, whereby the researcher will be observing your day-to-day life in school, including observing your lessons from Term 3 of 2013. In addition, there will be two semi-structured interviews at the start and end of the observation period of approximately one hour each and will be recorded using a digital voice recorder. **At any point during the interview, you**

**may halt the interview, or decide not to answer the questions posed.** The interviews will be transcribed in detail and a copy of the transcription will be sent to you for your review and changes can be made according to your request.

You are completely free to withdraw from the study at any time if you find any procedure uncomfortable, or for any other reason. and **will have your identity kept confidential** in future publications or reports. Results and data created will be safely locked in the cabinets and lockers at the School of Human Movement Studies, The University of Queensland.

### ***Confidentiality***

Results from this study may be published. However, your individual results will be stored securely and published in such a way that it will be impossible to link any data to you personally.

### ***Access to your Results***

You will be provided full access to your own results upon request, as well as the overall outcomes of the study once the study has been completed.

### ***Ethical Clearance***

This study has been cleared in accordance with the ethical review guidelines and processes of the University of Queensland. These guidelines are endorsed by the University's principal human ethics committee, the Human Experimentation Ethical Review Committee, and registered with the Australian Health Ethics Committee as complying with the National Statement. You are free to discuss your participation in this study with project staff (contactable on 3365 6984 (Ms Melisa Chong). If you would like to speak to an officer of the University not involved in the study, you may contact the School of Human Movement Studies Ethics Officer on 3365 6380 (Dr Tim Carroll).

## Appendix C

### Participant and School Principal Consent Form



School of Human Movement Studies

The University of Queensland  
Brisbane Qld 4072 Australia  
Telephone (07)33656240  
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Internet [www.hms.uq.edu.au](http://www.hms.uq.edu.au)  
CRICOS PROVIDER NUMBER 00025B

#### RESEARCH PARTICIPATION CONSENT FORM

**PROJECT TITLE:** *Exploring the role of Queensland PE Specialists in the delivery of the Health and Physical Education curriculum*

**Researchers:** Ms Melisa Chong (School of Human Movement Studies, UQ)  
Dr Louise McCuaig (School of Human Movement Studies, UQ)  
Dr Tony Rossi (School of Human Movement Studies, UQ)

This study has been cleared in accordance with the ethical review guidelines and processes of the University of Queensland. These guidelines are endorsed by the University's principal human ethics committee, the Human Experimentation Ethical Review Committee, and registered with the Australian Health Ethics Committee as complying with the National Statement. You are free to discuss your participation in this study with project staff (Ms Melisa Chong; contactable on 3365 6984). If you would like to speak to an officer of the University not involved in the study, you may contact the School of Human Movement Studies Ethics Officer on 3365 6380 (Dr Tim Carroll).

1. I,..... the undersigned, hereby acknowledge that I have read the information document, and that the specific sections of the document that are relevant to the present study have been drawn to my attention. I have been provided with a description of the study, including the purposes, methods, demands, and possible risks and inconveniences involved.
2. I am aware that I may withdraw from this research project at any time without penalty (even after I have signed this statement of participation), and that I am entitled to a thorough explanation of any procedure employed in the study. I understand that any information I provide will be treated confidentially, and that it I will not obtain any direct benefits from my participation other than what has been outlined in the participant information sheet.
3. I hereby consent to my school's participation or being a research participant in this study.

(Signed) .....

Date:.....

(Witnessed by).....

Date:.....

## Appendix D

### School Principal Information Sheet



School of Human Movement Studies

The University of Queensland  
Brisbane Qld 4072 Australia  
Telephone (07) 33656240  
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Internet [www.hms.uq.edu.au](http://www.hms.uq.edu.au)  
CRICOS PROVIDER NUMBER 00025B

#### PARTICIPANT INFORMATION DOCUMENT: SCHOOL PRINCIPAL

**Researchers** Ms Melisa Chong (School of Human Movement Studies, UQ)  
Dr Louise McCuaig (School of Human Movement Studies, UQ)  
Dr Tony Rossi (School of Human Movement Studies, UQ)

**Title** *Exploring the role of Queensland PE Specialists in the delivery of the Health and Physical Education curriculum*

#### **Aims of the Research**

In recognition that children are of vital significance to Australia's future, the health and wellbeing of Australia's children has been placed at the centre of policy-making. Schools have been identified by the health sector as the ideal sites to promote health and wellbeing to children and thus the responsibility of children's health and wellbeing has been attributed to schools through policies and the health and physical education curriculum. Notwithstanding the importance that government and society have afforded schooling as a primary mechanism through which Australians can enhance and maintain positive health and wellbeing, there is little research exploring the extent to which Queensland PE specialists address (either formally or informally) health education learning outcomes.

This project endeavours to work collaboratively with schools and PE specialists to explore the current contributions of PE specialists to the domain of health education. This project is particularly interested in exploring the contribution PE specialists may to the health education of pupils across a range of contexts including less formal delivery within extra-curricular contexts such as school sport or pastoral care programs. This study seeks to identify and describe such possibilities.

This research project is significant in that it will provide a comprehensive analysis and recognition of the PE specialists' contribution to health education aspects of the curriculum through their teaching and other roles in the school. An additional benefit of this research will be an assessment of the readiness of teachers in interacting with a new National HPE curriculum that has a stronger health focus due to be implemented in 2014.

We do not expect any direct benefits to people who participate in the study, although we would anticipate that as a result of this research, participating schools and their PE teachers will have a more sophisticated knowledge of their capacity to deliver and assess student learning in the HPE subject domain. We would encourage the school and participating teachers to inform the lead research if any aspects of the study cause you concern because of your cultural, religious or traditional customs or beliefs.



### ***The Study***

Engagement with this project will involve a three week commitment during Term 3 of the school year. During this time, research activities will primarily involve the researcher observing and recording the day-to-day professional activities of the PE specialists, including the observation of both their curricular and extra-curricular activities. In addition, there will be two semi-structured interviews which will be conducted at the start and end of the observation period. Each interview will be approximately one hour duration and will be recorded using a digital voice recorder. **At any point during the interview, they may halt the interview, or decide not to answer the questions posed.** The interviews will be transcribed in detail and a copy of the transcription will be sent to them for their review and changes can be made according to their request. However, you will not have access to the interviews' transcription due to confidentiality.

You are completely free to withdraw from the study at any time if you find any procedure uncomfortable, or for any other reason and **will have your identity kept confidential** in future publications or reports. Results and data created will be safely locked in the cabinets and lockers at the School of Human Movement Studies, The University of Queensland.

### ***Confidentiality***

Results from this study may be published. However, the individual results will be stored securely and published in such a way that it will be impossible to link any data to the school personally.

### ***Access to your Results***

You will be provided full access to the overall outcomes of the study once the study has been completed.

### ***Ethical Clearance***

This study has been cleared in accordance with the ethical review guidelines and processes of the University of Queensland and Education Queensland. The University of Queensland guidelines are endorsed by the University's principal human ethics committee, the Human Experimentation Ethical Review Committee, and registered with the Australian Health Ethics Committee as complying with the National Statement. Additionally, should you wish to be provided a signed letter of approval to conduct research from Education Queensland please do not hesitate to let our research team know of this request.

You are free to discuss the specifics of your school's participation in this study with project staff (Ms Melisa Chong: contactable on 3365 6984). If you would like to speak to an officer of the University not involved in the study, you may contact the School of Human Movement Studies Ethics Officer on 3365 6380 (Dr Tim Carroll).

Thank you for permitting us to conduct this research in your school.



Ms Melisa Chong, Dr. Louise McCuaig & Dr. Anthony Rossi

## Appendix E

### Sample Observation Sheet

#### Observation Sheet

Time:

Date:

Class:

LO	Level	Time (min)								
		5	10	15	20	25	30	35	40	45
PH	1									
	2									
	3									
	4									
S & PA	1									
	2									
	3									
	4									
PD	1									
	2									
	3									
	4									
Others										

Notes:

## Appendix F

### Interview Schedule

#### Proposed interview questions for teachers

Topic	Proposed Questions
Socio-cultural history of teachers	<ul style="list-style-type: none"><li>• Could you tell me a little about what motivated you to become a PE teacher?</li></ul>
Beliefs and perceptions as a PE teacher	<ul style="list-style-type: none"><li>• What do you hope to achieve for your students as a PE specialist?</li><li>• In what ways do you see yourself as an influence for your students?</li><li>• To what extent do you consider yourself as a teacher of health as well as PE?</li></ul>
Attitude towards health and physical education	<ul style="list-style-type: none"><li>• What do you see 'health education' as?</li><li>• How helpful do you find current health and physical education curriculum?</li><li>• Have you connected in any way with the new health and physical education curriculum?</li><li>• How do you see yourself contributing to your students' health?</li><li>• What kinds of work would you categorize as 'health' within health education? (quote some examples)</li><li>• What are your thoughts about carrying out health education in school?</li><li>• I noticed that you did '...', what area do you consider this to be part of?</li></ul>
Time allocation on doing health education	<ul style="list-style-type: none"><li>• Provide an estimate on the amount of time you spend on health education in school in a week.</li><li>• What sort of things do you try and do to accommodate the time spent on health education within the curriculum?</li></ul>

## Appendix G

### Personal communication with Noddings

**From:** Nel Noddings <[noddings@stanford.edu](mailto:noddings@stanford.edu)> **Sent:** Friday, March 06, 2015 2:06 AM **To:** Melisa Chong <[m.chong3@uq.edu.au](mailto:m.chong3@uq.edu.au)> **Subject:** Re: Views on research participants undertaking ethics of care

Ok. Let me know how you're doing.  
Nel Noddings

**From:** Melisa Chong [<mailto:m.chong3@uq.edu.au>] **Sent:** Wednesday, March 04, 2015 5:31 PM **To:** Nel Noddings **Subject:** Re: Views on research participants undertaking ethics of care

Dear Prof Noddings,

Thank you very much for your guidance. I will certainly relook at your recent work to include "sustained receptive attention". I am very keen to expand upon this work in my upcoming PhD, possibly continuing to expand upon your ethics of care and would love to continue keeping in touch with you. Thank you!

Regards,  
Melisa Chong

**Research Higher Degree Student**

[School of Human Movement and Nutrition Sciences](#) | The University of Queensland | Queensland 4072 | Australia

**Phone:** +61 7 3365 6845 **Fax:** +61 7 3365 6877 | **Email:** [m.chong3@uq.edu.au](mailto:m.chong3@uq.edu.au)

**From:** Nel Noddings <[noddings@stanford.edu](mailto:noddings@stanford.edu)> **Date:** Thursday, 5 March 2015 5:02 am **To:** Melisa Chong <[m.chong3@uq.edu.au](mailto:m.chong3@uq.edu.au)> **Subject:** RE: Views on research participants undertaking ethics of care

The actions and responses you observed are exactly the signs you need to confirm "engrossment" and "motivational displacement." In my recent work, I often use "sustained receptive attention" instead of "engrossment" because so many readers and researchers find it easier to understand. In any case, you have described a situation in which "engrossment" and "motivational displacement" occurred. Hope this helps.

Nel Noddings

**From:** Melisa Chong [<mailto:m.chong3@uq.edu.au>] **Sent:** Sunday, February 22, 2015 5:00 PM **To:** Nel Noddings **Subject:** Re: Views on research participants undertaking ethics of care

Dear Prof Noddings,

Thank you for your prompt reply and clarification of my question. May I ask if receptive attention, response to expressed needs, and signs from the cared-for that efforts to care have been received, how am I able to justify engrossment and motivational displacement took place?

For example, a student who burst his new ball went to the teacher to seek assistance to have his ball pumped. Upon inspection, the teacher told the student that the ball had burst from the inside and could no longer be pumped. The student appeared upset and was tearing commenting that it was a new ball his parents had bought from a festival the day before for him. The teacher put her arm around his shoulders and advised him let his parents know and to buy balls from a reliable sports

shop for better quality balls in future. The child nodded to acknowledge the teacher. Am I able to conclude that the student expressed his needs of wanting to pump his ball, the teacher heard it and responded but couldn't fulfil it but offered her advice. The student however acknowledged the caring through nodding her head?

Additionally, I believed the teachers I observed cared for their students through their interactions with their students and the responses of the students. However, I was wondering if they cared about their students but also cared about their subject (physical education), as in Armour and Jones (1998), just because they cared about their subject as well, does that mean the teachers have not cared according to your standards?

I have basically gone to the university library to pick up all of your books and articles related to caring and schools to read them. Some of them I have read snippets of them, especially the books but I read most of the articles. I re read 'caring' (1984) and found the example of the action I mentioned was actually a mistake. It was actually examples about a son who left his mum in the nursing home and did not visit or call her and whether he cared for her was dependant on what he was thinking as he paid monthly for her stay there and could be constantly thinking about his mum.

I am sorry to ask so many questions but would like to clarify on some of my thoughts. Thank you so much. I really appreciate it.

Regards,  
Melisa Chong

Research Higher Degree Student  
School of Human Movement Studies | The University of Queensland | Queensland  
4072 | Australia  
Phone: +61 7 3365 6984 Fax: +61 7 3365 6877 | Email: [m.chong3@uq.edu.au](mailto:m.chong3@uq.edu.au)

On 23 Feb 2015, at 12:17 am, Nel Noddings <[noddings@stanford.edu](mailto:noddings@stanford.edu)> wrote:

Melisa,

I have never stipulated specific actions as “caring.” The important things to watch for are receptive attention (listening), response to expressed needs, and signs from the cared-for that the efforts to care have been received. What we look for are signs that a caring relation has been established. Which of my books (or articles) have you read?

Nel Noddings

**From:** Melisa Chong [<mailto:m.chong3@uq.edu.au>] **Sent:** Tuesday, February 17, 2015 12:41 AM **To:** [noddings@stanford.edu](mailto:noddings@stanford.edu) **Subject:** Views on research participants undertaking ethics of care

Dear Prof Noddings,

I hope this email finds you well. I am Melisa Chong, a masters degree research student in The University of Queensland, Australia. I am originally from Singapore and have been working as a primary physical education (PE) and mathematics teacher. I am currently towards the end of my research thesis and have decided to undertake your ethics of care work as my theoretical framework.

My research is looking at the health-related work primary PE teachers are doing in Queensland state schools, both implicitly and explicitly. I did an ethnographic study on three PE teachers, observing each teacher for three weeks and doing a semi-structured interview with each of them at the end of

the first week of observation. After observing what they do in schools, I did a thematic approach on the data I obtained in the form of field notes and categorised them into four main category. I came up with a category, which is 'informal health oriented caring teaching' and used your work to account for this work they had done. However, my supervisor who is an advocate for Foucault's work has advised otherwise, commenting that you have received critics about the strict requirements on teachers having undertaken care ethics with engrossment and motivational displacement. For me, to totally dismiss the teachers as not having cared according to your ethics of care is concerning to me as I do know they have cared for the students. I also do remember reading about you writing that even a salesperson who asks how their customers are doing are caring for them.

I was wondering if you were available to assist me in rationalising and justifying that my research participants were indeed undertaking ethics of care in your view. I have attached my participants' case studies for your perusal. Thanks.

Regards,

Melisa Chong

**Research Higher Degree Student**

School of Human Movement and Nutrition Sciences | The University of Queensland | Queensland 4072 | Australia

**Phone:** +61 7 3365 6845 **Fax:** +61 7 3365 6877 | **Email:** [m.chong3@uq.edu.au](mailto:m.chong3@uq.edu.au)